



SECTION A: To be completed by STUDENT	
I hereby certify that I (s	student's name)
have been selected in the Darling Downs	(sport)
Team to compete in the State Championships in	(venue)
from to (dates)	
DATE OF BIRTH:	
SECTION B: To be completed by SCHOOL PRINCIPAL	
<ol> <li>I hereby certify that the above statements are true and correct an enrolled in this school.</li> <li>I further declare that the above student's record of attendance at this sc conduct is satisfactory.</li> </ol>	
I understand that the Team Coach, Team Manager and Event complete risk assessments prior to the State Championships.	Co-ordinator will
<sup>2.</sup> I confirm that the school has received approval for the of the student's name and image from the parent / caregi	publication
YI	ES / NO
I hereby consent to the student's participation in the team.	
PRINCIPAL'S SIGNATURE:	
SCHOOL:	
DATE:	

## PLEASE RETURN THIS FORM TO THE STUDENT CONCERNED WHO WILL THEN GIVE IT TO THE TEAM MANAGER.

Darling Downs School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Darling Downs School Sport Team. The information will only be accessed by persons authorised by Darling Downs School Sport, including appointed regional team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.