

SSACT Golf Championships

Monday 14 May 2018

Time 7.30am – 2.30pm

Capital Golf Club



ENTRY DETAILS

Name: _____

School: _____

Email: _____

COMPETITION ENTRY FOR: 13-19yrs Event U12s Event Sub-Junior Event

GA H/cap: _____ GolfLink No. _____ Golf Club: _____

All students who would like to be considered for the School Sport ACT Golf Teams must complete the online registration – www.schoolsportact.asn.au .

PARENTAL CONSENT

As Parent/Guardian of (student) D.O.B:.....

I give my consent for my child to participate in the ACT Golf Championships and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever discipline they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student. I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.

I agree to collect my child at the time specified for conclusion of the trial.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her.

Please tick below for:

- Student name can be published in results on SSACT website and Facebook page
- Student photo can be published in results on SSACT website and Facebook page

SIGNATURE: DATE:

Time sheet for event will be emailed to entrants and schools on Friday 11 May

Entry Fee of \$15 to be paid on day of event. Entry form to be sent to:

Chris Jones

UCSSC Lake Ginninderra
Emu Bank, Belconnen ACT 2617

OR by FAX (61420226)

OR email : chris.jones2@ed.act.edu.au

Entries Close:

Wednesday 9 May 2018