



MULGRAVE

DISTRICT TRIALS – CONSENT FORM

Dear Parent/Caregiver,

We are pleased to invite your child to trial for a Mulgrave District Representative Sport Team. The details of this trial are as below:

Mulgrave _____ **TRIAL AT** _____ **ON** _____ **FROM 4:00pm**
insert gender, insert age group *insert school/venue* *insert date*

Please complete the attached paperwork front and back and bring to the trial.

SCHOOL APPROVAL / PARENTAL CONSENT

PARENTAL CONSENT

STUDENT'S FULL NAME (PLEASE PRINT)

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DATE OF BIRTH// **SCHOOL ATTENDED:**

PARENT / GUARDIAN APPROVAL

As Parent / Guardian, I give approval for participation in the above Mulgrave District Trial **and for team officials to contact my child by phone or email during the representative season, but only on sport specific business.**

PARENT / GUARDIAN SIGNATURE

PARENT / GUARDIAN CONTACT PHONE NUMBER/S

SCHOOL / PRINCIPAL'S APPROVAL

As school Principal or Approved Delegate, I give permission for the above named student to participate in the above named Mulgrave District Trial.

I verify that the above date of birth is correct.

PRINCIPAL'S SIGNATURE