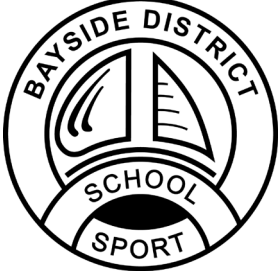


BAYSIDE		<u>Bayside District Secretary</u>
DISTRICT		Anna Rasmussen
SCHOOL		Capalaba State College
SPORT		3823 9111 arasm34@eq.edu.au

Principal Consent Form – District

I hereby certify that the following students:

Name	D.O.B	Name	D.O.B

who has/have been selected to compete in the _____ Trial to be held on _____ are enrolled as full-time students of this school. I further declare that these students' record of attendance and conduct are such that I have no hesitation in recommending and approving these athletes selection in the team. Date of Birth as listed corresponds with school records. I hereby consent to these students participation in the trial.

Principal's Signature: _____

School: _____

Date: _____



PLEASE RETURN TO: REGIONAL SPORTS CONVENOR AS LISTED ON THE TRIAL NOTIFICATION.