Dear Parents/Caregivers,

Football is offered to all students from Years 2 to 7 in Term 2 and 3 of 2016.

Details are listed below:

<table>
<thead>
<tr>
<th>What</th>
<th>Football</th>
</tr>
</thead>
<tbody>
<tr>
<td>Season</td>
<td>Term 2 and 3 – season commences Saturday 7th May 2016 and concludes on Saturday 10th September</td>
</tr>
<tr>
<td>When</td>
<td>Saturday Morning with one off carnival on a Friday night at Norwood oval</td>
</tr>
<tr>
<td>Where</td>
<td>Charles Campbell College, LJ Lewis Reserve, Marryatville Primary School, Kings Baptist School</td>
</tr>
<tr>
<td>Uniform</td>
<td>Navy Football Shorts/Socks (supply own) and Football Guernsey (supplied by school)</td>
</tr>
<tr>
<td>Cost</td>
<td>$70</td>
</tr>
<tr>
<td>Nominations</td>
<td>Must be in by end of day Tuesday 8th March 2016 with full payment and completed registration/medical form</td>
</tr>
<tr>
<td>Player Opportunities</td>
<td>6/7 Interzone Players may be invited to trial for a combined Norwood/North zone team, to play a series of matches against other SANFL school competitions during the season.</td>
</tr>
<tr>
<td></td>
<td>6/7 Premiers Cup Two teams in the 6/7 competition (one Norwood, one North Adelaide based) will receive the opportunity to represent our zone in a round-robin style competition against the leaders in other SASFA zones. If this team is able to win all of its games they proceed to play at an AFL halftime game at Adelaide Oval.</td>
</tr>
</tbody>
</table>

School football games are played with slightly modified rules aimed at protecting children’s wellbeing and improving their skills to ensure that they can meet their potential.

We can only form teams if we have a dedicated coach/team manager. If you can help with coaching and or supervising a team please indicate this on the attached form. All volunteers must have a registered police clearance with the school.

Once students have nominated themselves they must commit to the whole season. Refunds will not be given for change of mind.

If you would like your child to play Football for the 2016 season please complete and sign the attached form and enclose payment. Registrations received without full payment or after nomination date will not be accepted as per the school sports policy.

Kind Regards,

Sonia Blefari
Sports Co-ordinator
FOOTBALL - TERM 2 & 3, 2015 PERMISSION FORM

Child’s Full Name_____________________________ Class_______ (2016)

Mobile No_________________________ Telephone________________________

Address ________________________________________________________________

Email _________________________________________________________________________

PAYMENT OPTION

Please tick one of the following.

☐ I have enclosed $70.00 cash for Football registration.

☐ I have enclosed $70.00 in the form of a cheque.

☐ I would like to pay by Credit Card (please provide all the required details such as Card Type and number etc below)

Office use only

Date __________________________

Amount __________________________

FOOTBALL – CONSENT/MEDICAL INFORMATION

Name___________________________ Date of Birth____/_____/_____ Class________

I consent to ________________________ attending training in accordance with the conditions stated in the School Sport Policy. I give permission for my child to be involved in both training and matches and I understand that this commitment is for the entire playing season.

I understand that should an accident occur when I am not present, the coaching body will take whatever action is necessary to protect the health and well being of my child without risk or liability to themselves or the school.

I authorise the coaches to obtain medical assistance which may deem necessary and I agree to pay all medical expenses on behalf of the above student.

Signed __________________________(Parent/Caregiver)

Please provide details of any health matters that the coaches should be aware of in relation to your child playing or training. (Please attach on a separate page and staple behind.)

Parent’s Name/s _________________________ Phone No. (Home)_________________

(Work)____________________ Mobile________________________

Name of emergency contact if parents are unable to be contacted _________________________

Phone No. __________________________ Relationship________________________

Family Doctor _________________________ Phone No. _________________________

Family Dentist _________________________ Phone No. _________________________

Medicare No. _________________________

FOOTBALL COACH OR TEAM MANAGER

I would / would not like to ☐ Coach ☐ Team Manage a Football team for the 2016 season.

I am a registered Volunteer ☐

Name ___________________________ Telephone __________________________