



Dear Parent/ Guardian,

Congratulations! Your son has been selected to play in the representative Cricket team for The Associated Schools.

- What?** TAS Representative 1st XI Cricket
Where? Bupa National Cricket Centre, Albion & Cec Munns Sports Complex, John Paul Drive, Daisy Hill.
When? Training - Monday, 12th March and match - Wednesday, 14th March.
What to wear? Students are expected to wear their **College formal uniform including blazer to and from this event. Their school/college sports uniform should be worn for warm up and training and the school/college 1st XI cricket uniform should be worn for the game.**
What else? All information pertinent to this representative team and the match being played can be found on the TAS website at the Cricket History tab.
<http://www.theassociatedschools.com.au/history#cricketcricket>
 For any further information you can contact the TAS Executive Officer through the site.

CONSENT FORM

Please return this permission slip to the Executive Officer at training on 8 March

As a parent/guardian of _____ from _____

Please Tick	Date	Activity	Student action while on activity
	Monday, 12 March	TAS Representative cricket Training	Training at National cricket Centre, Allan Border Field, Greg Chappell St, Albion. from 3:45-5:30pm.
	Wednesday, 14 March	TAS Representative Cricket Match	Match v Wanderers Cricket Club at Cec Munns Sports Complex, from 8:30-5:00pm.

I agree to:

Delegate my authority to the supervising teachers who may take whatever disciplinary action they deem necessary to ensure the safety, well being of the students as a group, or individually, during the performance.

Authorise the teachers to obtain the medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

Authorise qualified medical practitioners to administer anaesthetic and/or blood transfusion if necessary.

If there are any medical or psychological reasons to prevent your child from being a full participant in any of the planned activities, or any general concerns, please give details. (Please note: Medication is to be given to supervising teacher and must be in the original container, with correct dosage indicated.)

EMERGENCY CONTACT/S:

PHONE NO:

HOME: _____ WORK:(Mother) _____ (Father) _____

EMERGENCY CONTACT: _____ PH: _____

Signed: _____ Parent/Guardian

STUDENTS WITHOUT A SIGNED CONSENT FORM WILL NOT BE PERMITTED TO ATTEND