BAYSIDE	TSIDE DISTA	Bayside I	Bayside District Secretary	
DISTRICT		Morgan Gi Capalaba		
SCHOOL	SCHOOL	3823 9111		
SPORT	SPORT) Ingibbo7@	mgibb67@eq.edu.au	
Р	rincipal Consent Fo	rm – District		
hereby certify that the following	students:			
Name	D.O.B	Name	D.O.B	
<u>Caracteristics</u>				
the has/have been selected to	compete in the	Trial to be	hold on are	
nrolled as full-time students of t	his school. I further declare	e that these students' re	ecord of attendance and	
who has/have been selected to enrolled as full-time students of to conduct are such that I have no eam. Date of Birth as listed correst the trial.	his school. I further declare hesitation in recommending	e that these students' reg g and approving these	ecord of attendance and athletes selection in the	
nrolled as full-time students of to onduct are such that I have no eam. Date of Birth as listed correst the trial.	his school. I further declare hesitation in recommending sponds with school records.	e that these students' reg g and approving these I hereby consent to the	ecord of attendance and athletes selection in the	
enrolled as full-time students of to conduct are such that I have no eam. Date of Birth as listed correst the trial. Principal's Signature:	his school. I further declare hesitation in recommending sponds with school records.	e that these students' reg and approving these I hereby consent to the	ecord of attendance and athletes selection in the	

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

SCHOOL STAMP