

Athletics Entry Form for students competing in multiclass events

Student's First Name : _____ Student's Surname : _____

Student's Age (turning this year) _____ Student's DOB : _____

Student's School: _____

Parent's Name/s: _____

Email Address : _____

Contact Number: Mobile: _____ Home : _____

Description of Disability: _____

Classification Code: _____

Students are required to be officially classified prior to participating at the Diocesan Athletics Carnival and recorded on the National Classification Master List.

Has your child been officially classified and recorded on the National Classification Master List? **Yes** **No**

For further information refer to: csnsw.sport

Gender and Age Category (age turning during this year):

Female Male 12yrs 13yrs 14yrs 15yrs 16yrs 17+yrs

Events:

Contact teacher (Sport/Learning Support Coordinator): _____

Parent's Signature: _____ Date: _____

Individual schools are responsible for administering consent forms and providing information regarding Diocesan Athletics Trials.

Principal's Approval: _____ Date : _____

Closing Date – 1 week prior to the dio carnival

Please send to: Bernadette Duggan – Education Officer Sport
Catholic Schools Office
Email: bernadette.duggan@mn.catholic.edu.au