

DIO CROSS COUNTRY - MULTI CLASS EVENT FORM

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

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

Student's School: _____ Gender: Male / Female

Parent's Name/s: _____

Email Address : _____

Contact Number: Mobile: _____ Home : _____

Description of Disability: _____ Classification: _____

Students are required to be officially classified prior to participating at the Diocesan Cross Country Carnival and recorded on the **National Classification Master List**.
Has your child been classified and recorded on the National Classification Master List?

☐ **Yes** ☐ **No**

For further information refer to: <https://csnsw.sport/sports/nswccc-secondary/athletics>

Age: (age turning this year – please tick one):

Event offered:

12-14 yrs 3000m ☐ 15-16 yrs 3000m ☐ 17+ 3000m ☐

Teacher (Sport Coordinator): _____

Parent's Signature: _____ Date: _____

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

Principal's Approval: _____ Date : _____

Closing Date – 1 week prior to the Diocesan Carnival.

Please email form to: Bernadette Duggan: bernadette.duggan@mn.catholic.edu.au OR
Melissa Lidbury: melissa.lidbury@mn.catholic.edu.au