

## Cross Country Entry Form for Students in Multiclass Events

Student's First Name : \_\_\_\_\_ Student's Surname : \_\_\_\_\_

Student's Age (turning this year) \_\_\_\_\_ Student's DOB : \_\_\_\_\_

Student's School & Suburb: \_\_\_\_\_

Parent's Email Address : \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Mobile : \_\_\_\_\_

Description of Disability: \_\_\_\_\_

Classification Code: \_\_\_\_\_

**Students are required to be officially classified prior to participating at the Diocesan X Country 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: [www.csss.nsw.edu.au](http://www.csss.nsw.edu.au)**

**Gender:**  Female  Male

**Age Category (age turning this year):**  12 yrs  13 yrs  14 yrs  15 yrs  16 yrs  17 yrs  18+ yrs

Contact teacher (Sport Coordinator): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individual schools are responsible for administering consent forms and providing information regarding  
Diocesan X Country Trials**

Principal's Approval: \_\_\_\_\_ Date : \_\_\_\_\_

**Closing Date – 1 week prior to the diocesan carnival**

**Please send to: Bernadette Duggan (Education Officer)  
Catholic Schools Office  
Email: [bernadette.duggan@mn.catholic.edu.au](mailto:bernadette.duggan@mn.catholic.edu.au)**