**SSWA TEAM ACCEPTANCE FORM**

Participants are required to complete this TEAM ACCEPTANCE FORM and the ONLINE REGISTRATION FORM to confirm their place in the team. **Both forms must be fully completed by:**

|  |
| --- |
| **PLAYER PERSONAL DETAILS** |
| *First Name* |  | *Surname* |  | *DOB (dd/mm/yyyy)* |  */ /* |
| *SSWA Team* |  | *School Attending* |  |
| *Email address* |  | *Parent Mobile* |  | *Home Phone* |  |
| **PLAYER AGREEMENT** |
| **As a bona fide team member of a School Sport WA team I will undertake to:** * represent my school in my chosen sport when required;
* attend all training and trial games for my sport including those times where I may be injured;
* represent SSWA, where required, in compliance with School Sport WA policies and guidelines;
* in conjunction with my parents assume financial responsibility for the preparation and presentation of my team membership in accordance with School Sport WA rules and guidelines;
* work cooperatively with the Tour Leader, Coach and Manager at all times;
* comply with all approved timelines as determined by team management and the SSWA office;
* honour all SSWA, and where applicable, State Sporting Association sponsorship and contract agreements;
* agree to read and abide by codes of behaviour;
* be sensitive to the feelings of fellow team members and team management;
* represent myself, my parents, my school and my state at all times in a manner beyond reproach and with clear understandings of my responsibilities as a state team member;
1. allow my image to be used for promotional purposes through social media, print media and live streaming.

As a bona fide member of a School Sport WA team I undertake to comply with all other rules, guidelines and conditions applicable to my representative status, not covered specifically in this agreement and understand that non compliance will result in the application of appropriate sanctions as determined by my team management. |
| Player Signature |  |
| **PARENTAL AGREEMENT and CONDITIONS OF ACCEPTANCE** |
| *First Name* |  | *Surname* |  |
| *Relationship to player* |  |
| I give permission for my son/daughter to participate in the above mentioned School Sport WA event and:  |
| * Agree to abide by all SSWA policies & guidelines
* Am aware of the expected costs of the tour
* Have paid the initial deposit required
* Agree to pay all due monies by the required date
* Have completed the ONLINE REGISTRATION FORM
 | * Allow my child’s image to be used for promotional purposes through social media, print media and live streaming.
* Have advised the school that my son/daughter has been selected and may be absent from school during the event.
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| *Signature: (Parent)* |  | *Date* |  |
| **INFORMATION FOR PRINCIPAL** |
| SSWA is pleased to advise that this student has been selected to represent SSWA in the above State Team. DoE contracts SSWA to manage safe and efficient competitive school sport on its behalf. This student will join over 600 students from 42 different teams who will be selected this year.Our Service Level Agreement with DoE requires SSWA to:* maintain appropriate insurances in relation to the provision of the Service;
* ensure that compulsory criminal record checks have been completed on all volunteers and employees; and

conduct off school site activities in accordance with the DoE Duty of Care for Public School Students policy and Excursions in Public Schools Procedures.All the information that you require is on our website – [www.schoolsportwa.com.au](http://www.schoolsportwa.com.au) [Interstate Teams]. A copy of the Excursion Management Plan can be found on the Risk Management link listed for each sport. |
| * I confirm that the student named above is enrolled at this school.
* I am satisfied that the Excursion Management Plan for this event meets the requirements of DoE policy.
* I approve this student’s participation in the School Sport WA activity.
 |
| *Signed: (Principal)* |  | *Date* |  | *School Stamp* |  |

Please email to school.sport@education.wa.edu.au or upload with your Online Registration Form