

ACCOMMODATION DETAILS FORM

NB. This form only needs to be completed when students are selected in School Sport South Coast teams

STUDENTS NAME			_	
ATE OF BIRTH			SEX:	Male / Female
PORT			SCHOOL:	
ART A –	PRIVATE ACC	OMMODATION DETAILS		
	_			
		ur private accommodation below the team manager		
		nmediately if any changes occur		
Name :				
Address :				
Phone :				
Mobile :				
PART B –	DETAILS OF C	ARER IF NOT STAYING/ TRAVELLING	S WITH DARENTS	
	DETAILS OF CA	ANER II 1401 STATING, THAVELEIN	J WITH TAKENTS	
Name :				
Relationship:				
Mobile :				
	<u> </u>			
PART C -	IRAVEL TO A	ND FROM PLAYING VENUE:		
Private Car				
Name of Person Res	ponsible :		Phone :	
Drivers name:				
Directo name.				
Flight Details of Par	ents			
Flight Details				
I acknowledge that t	he team officia	Is have no responsibility for my son/o	daughter during trav	vel to and from competition venues, or whi
private accommoda				,
Name :	Parent / Guardian / Carer :			
Signature :			Date:	
OFFICE USE ONLY (Fo	or exceptional circ	cumstances)		
Action :			Approved :	Not Approved :
	ç ·			· · · · · · · · · · · · · · · · · · ·
Reasons / Comment	•			

School Sport South Coast, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.