



PARENT / CARER CONSENT FORM



Phone :
(03) 9084 9001



Website :
www.ssv.vic.edu.au/team-vic



Email :
SSV.TeamVic@education.vic.gov.au

As the parent/carer of *(insert student's full name)* _____, who
has been selected by School Sport Victoria (SSV) to represent Team Vic at the
2026 *(insert age group)* _____ *(insert sport)* _____ SSA

Championships, I acknowledge and agree to the following statements:

- I understand that my child will be required to attend all the SSV and SSA mandated activities including but not limited to briefing sessions, training sessions, presentation days, ceremonies, and education sessions.
- I understand that in order for my child to attend the SSA Championship, a parent/carer must attend for the entire duration of the SSA Championship with my child and will make the necessary arrangements to ensure this occurs. In the event that the nominated parent/carer can no longer attend, I understand that SSV officials will not assume responsibility for my child and I will be required to appoint an alternative parent/carer and advise the Team Manager of the arrangements including their contact details as soon as possible.
- I understand that SSV team officials will be responsible for the supervision of students during the official SSA Championship activities (beginning when SSV team officials mark the roll at the beginning of the activities each day, and ending when they mark the roll at the conclusion of the activities) and that I will make appropriate arrangements for the care and supervision of my child at all other times. I understand that my child must abide by the SSV and SSA Codes of Conduct, and I acknowledge that as a spectator I will also need to abide by these Codes of Conduct.
- I agree to meet all participation costs associated with my child's involvement in the SSA Championship.
- I understand that SSA or SSV may need to cancel or alter arrangements at short notice, for safety reasons or due to circumstances beyond the control of SSV and whilst SSV will try to minimise inconvenience or financial losses to families, these may be unavoidable.

Medical

- I have made the Team Manager aware of any relevant medical conditions my child has and agree to provide further information or supporting documentation that may be required to support my child's safe participation.
- I understand that in the event staff determine it is necessary for my child to be collected early due to illness or injury, any cost associated with the child's return will be my responsibility.



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Privacy and Personal Information

The personal and health information of participating parents and students collected for the Championships will be managed appropriately and securely, in accordance with DE's privacy policy, SSV's privacy statement and relevant privacy laws. For a detailed description of how information will be collected and used during the Championships please refer to the Team Bulletin.

- I understand that in order for my child to participate, it is necessary that personal information such as name, age and date of birth of my child to be shared with the SSA National Sport Advisor and State Sporting Organisation (if applicable) for the purpose of conducting the Championships, including team lists for merchandise
- I understand that in order for my child to participate as a member of Team Vic, my child's health information will be obtained and used by SSV Team Officials for the purpose of risk management, or where otherwise required by law.

Opt-out: Publication of information on Social Media and other forums

I agree for my child's name to be published on websites, results, programs and for my child to feature in the form of event livestreams, photographs, videos or other media by SSV or School Sport Australia (SSA). This can include media taken at the selection trial(s), SSV pre-Championship events and SSA Championship events that may be posted on SSV or SSA website and/or social media channels.

☐ YES or ☐ NO

I have read and understand the above and the Team Bulletin circulated by email by the Team Manager and consent to my child attending the above named SSA Championship event.

Parent/carer signature _____

Print name: _____

Date: ____/____/____

If you have any questions or require clarification about any of the information provided, please contact your Team Manager prior to signing this form.

Please return the completed form to your Team Vic Manager.



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