Dear Parent/Guardian,

2017 Contact Sport Permission

Your son/daughter has expressed an interest in playing a contact sport for Xavier Catholic College, in particular, Rugby Union, Rugby League, Hockey and Australian Football. This will include:

- **Contact training** and may include
- **Contact selections trial games**.

While every effort is made to minimise injury, playing contact sports involves some risk. Permission is required for your son/daughter to participate in contact sport.

Mouthguards are mandatory for contact sport and headgear is recommended.

If you have any questions, please contact Mr Kennedy at the College. This permission slip must be returned to the College Office prior to your son/daughter being able to participate.

Yours sincerely,

Mr Pat Kennedy
Leader of Sport

Please return the permission slip to the College Office as soon as possible.

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2017 Contact Sport Permission

Student’s Name: ___________________________ H/room: ________

I give permission for my son/daughter to participate in contact training / selection trial games as well as representing the College in contact sports. While every effort is made to minimise injury, I understand that contact sport involves some risk. I understand that mouthguards are mandatory and headgear is recommended.

Parent/Guardian Signature: ___________________________ Date: ____________

Parent/Guardian Name (please print): ___________________________

Relevant medical details (if any): ___________________________