

SAPSASA LAWN BOWLS CLINICS

*** Bring with you at first session**

Child's Name: _____

Address: _____

Phone No.: _____

D.O.B. _____ Year Level: _____

School: _____

Medical: Please note any special health problems that the coach should be aware of while your child is at practice.

Consent: I give permission for my child _____
to take part
in the Gawler & Districts Lawn Bowls Clinics.

SIGNED: _____ (Parent /
Caregiver)

School Permission / Verification:
Must be signed by SAPSASA
Representative / Deputy Principal /
Principal.
