School and CDPSSA District teams
Please indicate which of the following team/s you would like your child to be considered for selection:

Student name ………………………..                                 Class…………………………

☐ Tennis                                      ☐ Netball
☐ Football                                     ☐ Touch football
☐ Rugby Union                                  ☐ Rugby League
☐ Hockey                                       ☐ Australian Football
☐ Golf                                         ☐ …………………

Outline your child’s level of experience/ability eg plays in weekend competition as fullback. Include as much detail as possible.

Signed/date

Return note to your class teacher by **Wednesday 4 February**

Disclaimer: This form is for identification purposes only and completion does not guarantee selection.

Bill Godman
Principal