



NAYLAND COLLEGE
TE KARETI O NEIRANA

INSTITUTE OF SPORT (IOS)

SPORTS PERFORMANCE ATHLETE PROFILE

APPLICANT INFORMATION

Name:		Insert or attach recent photo below (if possible)
Date of birth:	Phone:	
Current School:	Class:	

2019/2020 SPORTING ACHIEVEMENTS

Individual achievements:

School teams (can include triathlon, athletics, swimming etc):

Club team (out of school sporting involvement):

Representative honours and/or teams:

PARENT CONTACT

Name:	
Address:	Phone:
	Post Code:
Relationship:	



INSTITUTE OF SPORT (IOS)

PARENT CONSENT AND MEDICAL FORM

PART A: STUDENT DETAILS

Name: _____ Form Class: _____

Name of Parent / Caregiver: _____

Address of Parent / Caregiver: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Parent / Caregiver Email: _____

Emergency Contact Person & Number: _____

Name and Phone Number of Family Doctor: _____

PART B: PERMISSION - Please read the following, complete the information and sign.

I give permission for my child to attend **the IOS Year 8 Testing Day 9:30am - 12pm on Wednesday 23 September.**

Parent Signature: _____ Date: _____

Listed below are any medical conditions for my child (e.g. allergies, disabilities, etc)

- *In the event of an accident or illness I agree to obtain such medical help as may be required.*
- *I understand that all possible care will be taken by the College and supervisors on the trip / activity in accord with normal school-based activities.*
- *I accept that the school will act on my behalf for the duration of the trip / or activity.*
- *I understand that my child must obey all school rules set down by those in charge and that if they should break any of these rules, or their behaviour endangers the safety of other students, then I agree to my child being sent home at my expense.*
- *My child understands that regardless of what might be allowed at home, there is no smoking or drinking or involvement with illegal substances on or during this trip / or activity (in accordance with school rules).*