

SOUTH WEST SCHOOL SPORT TEAM TRAINING SCHEDULE

This form to be emailed to the RSSO with the coach sport specific risk assessment form.

Sport			
Coach		School	
Manager		School	

Below is a schedule of proposed regional team training sessions.
This program may be altered as circumstances demand.

DATE	VENUE	TIME

I hereby approve of the involvement of _____
(teacher) in attending regional team training sessions as outlined above.

I understand that this program may be subject to change.

I further understand that South West School Sport **WILL NOT** provide TRS to cover team training sessions.

Signed: _____ (Principal) Date: ____/____/____

SCHOOL SPORT OFFICE ACTION

Details As Above - Approved Not Approved

Reason: _____

Signed: _____ (RSSO) Date: ____/____/____