

MAURITIUS SPORTS COUNCIL
ACTIVE MAURITIUS
in collaboration with the
MINISTRY OF EDUCATION, TERTIARY EDUCATION, SCIENCE & TECHNOLOGY
WINTER SCHOOL HOLIDAYS SPORTS CAMP 2023

Dear Parent,

In order for your child to participate in the Winter School Holidays Sports Camp, we need your consent and involvement for helping your child to develop a sports culture and healthy living attitude.

Please read carefully and sign. If you have any question or would like further information, do not hesitate to contact the **MSC SUPPORT OFFICER** of the school.

- *I understand that my child will be a participant in the Winter school holidays sports camp which will be held at school from 09h00 to 10h30, and I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.*
- *I am aware that there are risks associated with participation in the WSHSC, including the risk of injury, and I consent to my child's participation in spite of such risks.*
- *I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorise the providing of necessary medical services in the event that my child is injured or becomes ill.*
- *I also understand that the designated Coach reserves the right to exempt my child from any activity that they do not feel is within the physical capabilities of my child.*
- *I authorise the Office of the WSHSC to publish or release to the media any pictures or videos of my child during his/her participation in the program for promotional or recognition purposes.*
- *I assume all responsibility of any problem which may occur after 10h30 that is at the end of each session.*
- *I understand that in the event that my child persistently misbehaves or puts others in danger, he/she will be asked to leave and will not be allowed to attend in the future.*

Please indicate by which means of transport your child will use (after the WSHSC) to return home:

School bus/van Public transport On foot (Accompanied by an adult) On foot (Alone)

I, the undersigned, being the parent or legal guardian of the child named above, have read this Parental Consent Form and understand and accept its terms.

Name of child _____

Name of parent or guardian: 1. _____

Home address _____

Home telephone _____ Work telephone _____

Mob No. 1. _____ 2. _____

Other person name: _____ and
number to call in emergency _____ (in case parent is not reachable)

Signature of Parent/Guardian: _____

WSHSC 2023 CALENDAR – week 1 - 18, 19, 20 July & Week 2 – 25, 26, 27 July
Please note that parent should informed the MSC Support Officer/School when their
Ward is absent.