



Rockhampton & District Trials 2022

BASKETBALL

Age/s:	16-18 Years
Venue:	Heights College
Transport:	Please notify Sports Department if transport is needed and arrangements will be made.
Date:	Tuesday 15th February 2022
Cost:	\$10 (this will be added to the student's school levy)
Time:	10:00am – 11:30am
What to bring:	Hat, sunscreen, water bottle and appropriate equipment.

No student will be allowed to participate without the following consent slip being fully completed, including signature and returned to the college and the relevant fee paid online or in person.

Dallas Williams

Director of Sport

✂.....✂.....✂.....✂.....✂.....✂.....✂

I _____ agree that my son _____ can

(Parent/Guardian) Please print

participate in the R&D BASKETBALL Trials.

Signed _____

Date: _____

(Parent/Guardian)

Parental Permission/Student Medical Information

Students Name: _____ School: _____ Date of Birth: ____/____/____ Male / Female

Sport Trial Attending: _____ Date of Trial: _____

Preferred Playing Positions (Please list 2 if possible): _____

Emergency Contact Name and Phone Number: _____

Student Medical Information I submit the following medical information about the above student and include details of limitations which she/he has for the activity concerned.

Does/has the student suffered from -		(detail current medication/management)	
a.	Allergies	Yes / No	_____
b.	Asthma	Yes / No	_____
c.	Blood pressure	Yes / No	_____
d.	Drug reaction	Yes / No	_____
e.	Epilepsy	Yes / No	_____
f.	Heart problems	Yes / No	_____
g.	Operations	Yes / No	_____
h.	Phobias	Yes / No	_____
i.	Recent illness	Yes / No	_____
j.	Respiratory problems	Yes / No	_____
k.	Travel sickness	Yes / No	_____
Detail any other medical /injuries / problems which may limit participation in the activity _____			
Immunization Record -	Hepatitis B	Yes / No	Year _____
	Tetanus	Yes / No	Year _____
Other _____			
Detail any medication(s) your daughter/son/ward is currently using _____			
Does your daughter/son/ward have -			
Medicare Card	Yes / No	Card No. _____	Expiry date ____/____/____ cardholder name _____
Private Health Ins	Yes / No	With _____	Expiry date ____/____/____ cardholder name _____
		Card No. _____	Category _____
Have you been diagnosed as having Covid 19? Yes / No			
Have you had contact with a known Covid 19 case in the last 14 days? Yes / No			
Have you returned from overseas travel in the past 14 days? Yes / No			

Playing history:

Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

SIGNED: _____ (Principal or Sports Coordinator) _____ (Date)

Parental/Caregiver Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that teachers will provide supervision at the event.
- I understand that transport to and from the event is my responsibility and that the arrival and departure arrangements are also responsibility of the parent/caregivers unless otherwise specified.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- I understand that mouth protection is mandatory in this sport (AFL, RU, RL, Water Polo, Hockey). I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.

SIGNED: _____