



## Rockhampton & District Trials 2021

### FOOTBALL

<b>Age/s:</b>	17-19 years
<b>Venue:</b>	Emmaus College
<b>Transport:</b>	Please notify Sports Department if transport is needed and arrangements will be made.
<b>Date:</b>	Wednesday 17 <sup>th</sup> February 2021
<b>Cost:</b>	\$10 (this will be added to the students school levy)
<b>Time:</b>	9am – 11am
<b>What to bring:</b>	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 FOOTBALL 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 -	Yes / No	(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

\_\_\_\_\_

Immunisation 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 \_\_\_\_\_

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.

SIGNED: \_\_\_\_\_

(Parent/Caregiver)

(Date)