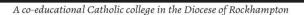
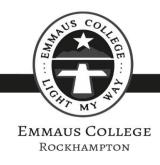


www.emmaus.qld.edu.au





Principal: Mr Eamon Hannan Sport Coordinator: Mr Justen Parle

## **Affiliated Schools:**

Rockhampton State High School: The Rockhampton Grammar School: Emmaus College: St Brendan's College: North Rockhampton State High School: Rockhampton Girls' Grammar School: Yeppoon State High School: Glenmore State High School: Heights College: St Ursula's College: Theodore State School: The Cathedral College: Mt Morgan State High School: Moura State High School: Baralaba State School: Central Queensland Christian College

Chairperson: Clark Fisher – Glenmore State School Secretary: Trudy Landsberg – Emmaus College Email: Trudy\_Landsberg@emmaus.qld.edu.au

## **Rockhampton & District 13-16 Years Girls Aussie Rules Trials**

Fax: (07) 49 235719

Mobile: 0419331392

Date: Thursday 8 February 2018

Venue: Rockhampton State High School

Time: 9.00am – 11.00am

Cost: \$5.00

## No student will be allowed to trial without a consent form being fully signed, completed and handed to their school along with the trial fee on or before the cutoff date.

Students will need to bring own gear, water bottles and sunscreen, balls will be provided.

Full school **sports** uniform should also be worn.

Please return your nominations by **Tuesday 6 February 2018** no later than **12.00pm** 

Yours in sport

Justen Parle	
Sport Development	Officer

××	××	×	<××××	<××
l (Par	ent/Guardian)	PLEASE PRINT		
agree that my o	daughter			
can trial for the paid online.	e Rockhampton &	District 13-16 yrs Girls Aussie	Rules Team. I have enclosed the	\$5.00 registration fee /
	ent/Guardian)	Dated:	_ Parent Lounge Receipt	No.:



## **Parental Permission/Student Medical Information**

Students Name:	School:_	Date of Birth:/			
Sport Trial Attending:		Date of Trial:			
Preferred Playing Positions (Please list 2 if possible):					
Emergency Contact Name and Phone Number:					
Student Medical Information La	when it the fellowing m	adical information about the abous student and include details of limitations which			
she/he has for the activity concerned		edical information about the above student and include details of limitations which			
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 /		mit participation in the activity			
	r				
Immunisation Record - Hepati	tis B Yes / No	Year Tetanus Yes / No Year			
Other					
	hter/son/ward is curren	tly using			
Detail any measurement (b) your daug.	inter, son ward is carren				
Does your daughter/son/ward have					
	ard No	Expiry date/ cardholder name			
	Vith				
	ard No.				
C	ard 110.	Catcgory			
Playing history:					
Principal's Declaration					
	whose details annear o	n this form is enrolled at this school.			
That's verified that the date of birth as stated on this form is correct.					
<ul> <li>He/she has the school authority to represent on this occasion.</li> <li>A copy of this consent form will be retained by my school.</li> </ul>					
A copy of this consent for	orm will be retained by	my school.			
SIGNED:					
	orts 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.				
<ul> <li>In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my</li> </ul>					
child may require. I accept full responsibility for all expenses incurred.					
emia may require. Tack	copt full responsibility	Tot all expenses invarious			
SIGNED:					
(Parent/Caregi		(Date)			
(1 dieni ediegi	·,	(240)			