



EMMAUS COLLEGE  
ROCKHAMPTON

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A co-educational Catholic college in the Diocese of Rockhampton

**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

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**Rockhampton & District Boys & Girls Basketball Trials 16-18 Years**

**Date:** Thursday 21 February 2019

**Venue:** Heights College

**Time:** Girls – 9.30am – 10.30am  
Boys – 10.30am – 11.30am

**Fee:** \$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 **Monday 18 February 2019** no later than **12.00pm**

Yours in sport

**Justen Parle**  
***Sport Development Officer***

✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....

I \_\_\_\_\_  
(Parent/Guardian) PLEASE PRINT

agree that my child \_\_\_\_\_

can trial for the Rockhampton & District 16-18 Yrs Basketball Team. I have enclosed the \$5.00 registration fee / paid online.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Parent Lounge Receipt No.: \_\_\_\_\_  
(Parent/Guardian)



**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** 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 _____			
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)