



# ROCKHAMPTON DISTRICT SCHOOL SPORT

**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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## 2021 Rockhampton & District Softball Trials 13-19 Years

Date: Friday 28 January 2022

Venue: Paper nomination only

**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 cut off date.**

Students will need to bring their own glove, bat and special gear ie. catcher. Please bring own water bottles.

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

Please return your nominations by **Wednesday 26 January 2022** no later than **12pm**

Yours in sport

### *Sport Development Officer*

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

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

can trial for the 2022 Rockhampton & District 13-19 Years Softball Team. I have paid the \$5.00 registration fee online.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Parent Lounge Receipt No.: \_\_\_\_\_  
(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			
_____			
Immunisation Record -		Hepatitis B	Yes / No
Other		Year _____	Tetanus
		Yes / No	Year _____
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: \_\_\_\_\_