EMMAUS COLLEGE
ROCKHAMPTON

185 Main Street and 362 Yaamba Road
North Rockhampton QLD 4701
PO Box 5799 Red Hill Rockhampton QLD 4701
T: 4923 5700 F: 4923 5716 E: office@emmaus.qld.edu.au
www.emmaus.qld.edu.au

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 Fax: (07) 49 235719
Email: Trudy_Landsberg@emmaus.qld.edu.au Mobile: 0419331392

Rockhampton & District 10-12 Years Girls & Boys Hockey Trials

Date: Wednesday 20 February 2019

Venue: Kalka Shades, North Rockhampton

Time: 4.00pm – 5.30pm

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.

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 10-12 Years Boys & Girls Hockey 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:** ___/___/___ **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 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.
- 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: ....

RDSS School Sport

Form 2G
Mouthguard

(Rugby League, AFL, Rugby Union, Hockey, Water Polo and European Handball only)

Surname		
Given Name		Male / Female (Please circle)

As it is now a mandatory requirement for students to wear mouthguards for the above listed sporting activities, the Department of Education strongly recommends that students wear custom-fitted mouthguards. Here are some links with recommendations on the type/style of mouthguard required.

Sport Medicine Australia – Dental Injuries

Australian Dental Association

Students with a medical condition that may impact on their safety during participation in this activity must be cleared by a medical practitioner to participate in this activity. A medical certificate relating to the wearing of mouthguards (on official letterhead) **must be supplied** with this form to guarantee your child's participation in this activity.

I understand that mouth protection is mandatory in this sport. 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.

(sign below)	(sign below)
.....	.....
Parent/Guardian	Student

Please list any other relevant medical history

NOTE: *It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Capricornia School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.*

Capricornia School Sport, as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Capricornia School Sport including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student healthy and welfare.