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

Rockhampton & District Boys & Girls 2018 Water Polo Trials (13-19 Years)

Date: Tuesday 31 October 2017

Venue: Southside Pool

Time: Girls - 9am-11am
Boys - 12pm-2pm

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.

Please return your nominations by **Friday 27 October 2017** 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 13-19 Water PoloTeam. I have paid the $5.00 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)