



EMMAUS COLLEGE  
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

Email: Trudy\_Landsberg@emmaus.qld.edu.au

Fax: (07) 49 235719

Mobile: 0419331392

**Rockhampton & District 10-15 Years & 16-19 Years Boys & Girls Squash Trials**

Date: Tuesday 11 February 2020

Venue: Scotvale Park Squash

Time: 12.00pm – 3.00pm

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. Forms will not be accepted on the day.**

Please bring own water bottles.

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

Please return your nominations by **Friday 7 February 2020** no later than **12.00pm**.

Yours in sport

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

X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....X.....

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

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

can trial for the Rockhampton & District 10-15 & 16-19 Years Squash 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: \_\_\_/\_\_\_/\_\_\_

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  
\_\_\_\_\_

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Immunisation Record -	Hepatitis B	Yes / No	Year _____	Tetanus	Yes / No	Year _____
	Other					

Detail any medication(s) your daughter/son/ward is currently using \_\_\_\_\_

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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)