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A co-educational Catholic college in the Diocese of Rockhampton

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

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Rockhampton & District 13-15 & 16-18 Years Boys & Girls Touch Football Trials

Date: Tuesday 9 February 2021

Venue: Rockhampton Touch Fields

Time: 9.00am – 12.00pm

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. No forms will be accepted on the day.

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 **Friday 6 February 2021** no later than **12.00pm**.

Yours in sport

Justen Parle
Sport Development Officer

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(Parent/Guardian) PLEASE PRINT

agree that my child _____

can trial for the Rockhampton & District 13-15 yrs & 16-18 yrs Girls & Boys Touch Football Team. I have paid the \$5.00 registration fee online.

Signed: _____
(Parent/Guardian)

Dated: _____

Parent Lounge Receipt No.: _____



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/hc 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
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: _____