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

2021 Rockhampton & District Softball Trials 13-19 Years

Date: 7 December 2020

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 9 December 2020** no later than **12pm**

Yours in sport

Justen Parle
Sport Development Officer

✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....✂.....

I _____
(Parent/Guardian) PLEASE PRINT

agree that my child _____

can trial for the 2020 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 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: ....