



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

**Fax:** (07) 49 235719  
**Mobile:** 0419331392

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

**Date:** Wednesday 9 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 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 **Monday 7 December 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: \_\_\_\_\_  
(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/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 /my child will wear whilst playing this sport.

SIGNED: \_\_\_\_\_