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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: Barafaba State School: Central Queensland Christian College

Chairperson: Clark Fisher – Glenmore State School

Secretary: Trudy Landsberg – Emmaus College

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2021 Rockhampton & District 16 – 19 Years Boys Cricket Trials

Date: Monday 23 November 2020

Venue: RGS

Time: 1.00pm – 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.

Students will need to bring own gear, water bottles and sunscreen, balls will be provided.

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

Nominations are due: **Thursday 19 November 2020** no later than 12pm (Please note: You will not be able to trial if your form is not in by the due date)

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 Cricket Team. I have enclosed the \$5.00 registration fee / paid 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: _____