EMMAUS COLLEGE
ROCKHAMPTON

185 Main Street and 362 Yaamba Road
North Rockhampton QLD 4701
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A co-educational Catholic college in the Diocese of Rockhampton

Principal: Mr Eamon Hannan

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

Rockhampton & District Girls (13-16 years & 17-19 years) Football Trials

Date: Friday 6 May 2022

Venue: Emmaus College

Time: 9.00am – 10.30am

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. 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 **Wednesday 4 May 2022** no later than **12.00pm**

Yours in sport

Sport Development Officer

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

I _____
(Parent/Guardian) PLEASE PRINT

agree that my child _____

can trial for the Rockhampton & District Boys 13-16 Years & 17-19 Years Football 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

_____

_____

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 _____

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)