



EMMAUS COLLEGE
ROCKHAMPTON

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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

Email: Trudy_Landsberg@emmaus.qld.edu.au

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Rockhampton & District Boys & Girls Basketball Trials 16-19 Years

Date: Tuesday 15 February 2022

Venue: Heights College

Time: Girls – 9.00am – 10.00am
Boys – 10.00am – 11.30am

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 11 February 2022** no later than **12.00pm**

Yours in sport

Sport Development Officer

✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....✕.....

(Parent/Guardian) PLEASE PRINT

I agree that my child _____

can trial for the Rockhampton & District 16-19 Years Basketball 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, Phone Number and email: _____

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: _____