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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: 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 10-12 Years Girls Football Trials

Date: Thursday 3 May 2018

Venue: Bouldercombe State School

Time: 4pm – 5pm

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.

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

Please return your nominations by **Tuesday 1 May 2018** no later than **12.00pm**

Yours in sport

Justen Parle
Sport Development Officer

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

I _____
(Parent/Guardian) PLEASE PRINT

agree that my child _____

can trial for the Rockhampton & District 10-12 Years Girls Football team. I have enclosed the $5.00 registration fee / paid 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)