



## Sporting Medical consent & personal details

|  |          |                         |           |
|--|----------|-------------------------|-----------|
| Players Name:  |          | Date of Birth:          |           |
| Home Phone:  |          | Mobile:                 |           |
| Home Address:  |          | Suburb:                 |           |
| Email:   |          | Postcode:               |           |
| Emergency Contact:   |          |                         |           |
| Address:   |          | Suburb:                 | Postcode: |
| Telephone:   |          | Mobile:                 |           |
| Suffers from Asthma:   | YES / NO | Asthma Medication:      |           |
| Medicare Number:   |          | Private Health Cover:   | YES / NO  |
| Health Cover Provider:   |          |                         |           |
| Level of Cover:  |          | Membership No.          |           |
| Allergies known:   |          | Prescribed Medications: |           |
| Are you suffering from an injury or condition, which is likely to be aggravated by your/or affect your involvement in sporting activities? (If yes, please give details) Please also include any other relevant medical history. |          |                         |           |
|  |          |                         |           |
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|  |          |                         |           |

I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.



### **SAFETY**

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the sporting event.

In the event of any illness or accident, I authorise those to obtain medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

### **MEDICAL INSURANCE**

Medical insurance is the primary responsibility of the parent/guardian. Emmaus College has basic insurance for all of its students that covers them for some injuries which might occur during school events. However, as this is limited, we recommend the investigation of personal insurance. For further information regarding the College's limited cover, please refer to the Catholic Church Insurances Limited website, [www.ccinsurances.com.au](http://www.ccinsurances.com.au) and access the section on "School Care" or collect information from the College office. Please note you must contact CCI on 1300 6SS 001 within 35 working days of the incident if you wish to make a claim.

### **MEDIA RELEASE**

Consent is sought for the student's image/name to be used in relation to sporting events. This may be, but is not limited to; School yearbook, Social Media and any Catholic Education, Education Queensland and Rockhampton Secondary Schools related publications.

Consent is further sought to allow your student to be interviewed/photographed by external publications in regards to this sporting event under the supervision of an Emmaus College representative.

I have read and have no objection to my student's image and/or name being used for publications as stated in this MEDIA RELEASE SECTION.

Student Name: \_\_\_\_\_

Student Signed: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_

### **SPORTING CODE OF CONDUCT**

Everyone connected with Emmaus, whether they are a parent, guardian, career, supporter, player or coach is reminded that support and cheering of both our own teams and opposing teams should be in good sport. We should give positive encouragement to our own players and show appreciation for good play by members of opposing sides. We should enable all players to perform to their best. There should be no attempt to put opposing players off their game, but rather, we should appreciate their efforts. Our support should be based on solid principles of respect and encouragement and this is regardless of any perceived poor behaviour by supporters of other teams. Umpires and referees must also be respected.

If you see someone doing the wrong thing, either politely ask them to refrain or ask any Emmaus staff member or Emmaus coaching staff member to do so. We encourage you to advise us of any behaviour you believe is outside the spirit of the game/event.



Students are required to;

- Follow all directions of team management/officials and show them respect
- Compete by the competition conditions and rules and demonstrate appropriate social behaviour
- Respect the judge's, referee's or umpire's decision
- Control temper and don't display criticism by word or gesture
- Work together to promote good sportsmanship and encourage and support other team members and also the opposition
- Work equally hard for myself and my team as both the team's and my performance will benefit
- Co-operate with my coach and team mates and show respect for my opponents and their skills
- Be friendly to all participants and supporters. Swearing, sledging, intimidation or physical abuse will not be tolerated
- Wear the official team uniform at all times, as directed by team management / officials
- Stay in the designated team area and support other team members during times when I am not competing
- Abstain completely from smoking, drinking of alcoholic beverages or the taking of non-prescribed drugs
- Go to bed at a reasonable hour as this will assist my own and my team's performance.

#### **BREACH OF THE CODE**

I accept that if, in the opinion of team officials, I am found to be in breach of this code of conduct I may be required to attend a disciplinary meeting with the School Principal, or delegated person, to discuss the incident, which could result in serious consequences. I understand that unacceptable parental behaviour may result in exclusion from attending any further school sporting event.

I as a student/parent/guardian have read and understand the Code of conduct and agree to abide by its conditions

Student Name: \_\_\_\_\_

Student Signed: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_