

# 2025 Representative School Sport PERMISSION / DETAILS BOOKLET

- NB. (Make sure you have the latest version of **Adobe Acrobat Reader** installed on your operating system - also available in the App Store on your mobile device). This document has been designed as an electronic version for your convenience. If your child will be trialling in more than one sport - please save a copy of your PDF BEFORE any signatures are inserted.

## BOOKLET INCLUDES THE FOLLOWING FORMS

- Student Details
- Principal Approval
- Parent Consent
- Acceptance Forms/Contact Details
- Student Health Information
- Mouthguard Consent/Consent
- QRSS Consent Form
- Code of Conduct - Team Members
- Code of Conduct - Parents & Spectators

## DETAILS

Surname : First Name :  
Date of Birth : Gender :  
School : District :  
Phone (Home) : Mobile (Parents):  
Parent's Email: Mobile (Students) :  
Postal Address :  
Sport : Age Level :  
Preferred Playing Position/s (if applicable):

## ► INSTRUCTIONS

- It is compulsory for all students / parents to complete **ALL** forms in this booklet.
- All fields **MUST** be completed. (Mouthguard Form is only applicable to Aust. Football, Hockey, League, Union & Water Polo).
- Open document, save blank document to computer, complete and print for signing.
- Sign and obtain signatures for appropriate sections. ie. Principal, Sports contact, parents and students prior to the due date.
- Ensure completed document is delivered to the appropriate personnel at the trial.
- Pages 16 & 17 do not need to be returned (These forms are for parents/ guardians and students information)
- Ensure all associated payments (when applicable) are completed prior to the due date.

## ► FORMS

- This fully completed document **must** be submitted at the Sub District / District / Regional Trials, whichever comes first.
- Capricornia School Sport and affiliated bodies Policy states that **NO Booklet** equals **NO Trial**
- **To avoid duplication, this document will be passed on by the appropriate officials from one level to the next level as students progress through the representative sport program.**
- NB. Please complete the **Change of Details Form**, (on Cap Sport Website) if any details change after this booklet has been submitted
- Information provided in this booklet is valid to 31 December of the current year.

DATE COMPLETED :

## PRINCIPAL APPROVAL

|                 |              |
|-----------------|--------------|
| Surname :       | First Name : |
| Date of Birth : | Gender :     |
| Sport :         | Age Level :  |

### SPORTS COORDINATOR/SPORT CONTACT

**I approve** of the above named student trialling for Representative School Sport and verify that the date of birth is correct.

**Sport Contact Name: (please type)**

**Sport Contact Signature:**

**Date:**

SIGN HERE

### PRINCIPAL APPROVAL

As Principal, I can confirm:

- ☐ that the above listed student, is currently enrolled as a student at this school.
- ☐ Enrolment records at our school confirm the student's date of birth is as indicated above.
- ☐ I am satisfied that the student can abide by the Queensland Representative School Sport Code of Conduct.

I approve the student's participation in the team

- ☐ Yes
- ☐ No

### PRINCIPAL

**I approve** of the above named student trialling for Representative School Sport.

**Principal Name: (please type)**

**Principal Signature:**

**Date:**

SIGN HERE

Capricornia School Sport and its affiliated body, as an operational unit of the Department of Education., is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.



# PARENT CONSENT FORM

|                 |              |
|-----------------|--------------|
| Surname :       | First Name : |
| Date of Birth : | Gender :     |
| Sport :         | Age Level :  |

- I hereby give my consent for my child to participate in any activity arranged by, or participated in by the Capricornia School Sport or any affiliated body.
- I understand that participation is also dependent on the receipt of a signed Principal's Approval Form verifying that my child is enrolled as a student at that school and that the school is confident that my child can abide by the Team Members Code of Conduct, and that the students record of attendance and conduct are of a high standard such that the school recommends the student as one who merits selection.
- I hereby give my permission for him/her to use such known forms of transport, including air or coach transport, for such travelling as may be deemed necessary. Unless stated, transport and accommodation will be the parent/guardian's responsibility.
- I agree that, during the periods of the aforesaid competition in which my child is participating, and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which my child is included.
- I agree to meet the costs associated with participation in this activity, and accept that I may forfeit levies paid due to withdrawal from the team.
- I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my child participates and during such travelling and other activities as may be deemed necessary.
- I agree that if my child has a medical condition that may impact on their safety during participation in sporting activities that they must be cleared by a medical practitioner, to participate in the activity.
- I further agree that my child must wear a mouthguard when participating in AFL, Rugby Union, Rugby League, Hockey and Water Polo. The Department of Education strongly recommends that students wear custom-fitted mouthguards. I understand that mouth protection is mandatory in these sports. 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 these sports.
- I acknowledge that the Department of Education/Capricornia School Sport/or its affiliated body do not have personal accident insurance cover for students during competition and associated activities. Sport, particularly contact sports, carries inherent risks of injury. It is a personal decision of the parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.
- I also agree that my child is responsible for sun protection by providing their own hat and SPF 30+ broad spectrum sunscreen.
- Students must be available to participate for the full duration of the Representative School Sport trials/Championship and understand that they will not be available for any other activities including school, club and community activities / sporting games during the championships.
- All team members are advised that leave will not be granted to participate in any other activity from the time of State Championship team assembly. Any students requesting to leave the championship, in emergent circumstances must seek the approval of the team management.
- If selected in a Regional Team, all Team members, except for those in T&F & Swimming, must be available to attend State Championship Opening and Closing ceremonies, team photos session and any other stated compulsory events.
- Members of the regional team may be required to train outside of school hours prior to the State Championships. If not available for any session, they must notify the team officials prior to training.
- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Please complete Form 6 (Withdrawal Form) found on the Capricornia School Sport Website. Withdrawal without notice or exceptional circumstances may result in exclusion from selection in any district / regional teams.
- I understand if I fail to complete all documentation or fail to abide by stated conditions, that a range of consequences may be applied and my child may be excluded from future involvement in Capricornia School Sport.

## AGREEMENT

I, \_\_\_\_\_ have read and understand the above together with the Code of Conduct – Team members and Code of Conduct – Parents & Spectators and agree to abide by its conditions.

Parent / Guardian Signature:

Date:

SIGN HERE

Student Signature:

Date:

SIGN HERE

(Student's signature only required if 18 or over)

Capricornia School Sport and its affiliated body, as an operational unit of the Department of Education, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.

# ACCEPTANCE FORMS

## Instructions:

1. Please complete the **Section A: Student details**.
2. If you accept this invitation, please complete **Sections B to H**.
3. If you wish to decline this invitation, please complete **Sections B and C**.

## Acceptance of Invitation to be a team member of

### Privacy statement

The Department of Education (DoE), through Queensland Representative School Sport, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purposes of:

- recording whether the student listed in Section A (below) accepts participation as a member of Queensland Representative School Sport at the district/regional trial, State/National Championships or Interstate exchange;
- supporting the health needs of the student listed in Section A during representative school sport activities, including medication administration where required; and
- for students involved in Australian football league, Rugby league, Rugby union, Hockey and Water polo, ensuring consent has been provided for mouthguard use in order to minimise the risk of mouth injuries during representative school sport activities.

This information will only be accessed by authorised departmental employees and persons authorised by Queensland Representative School Sport, including appointed team officials. In accordance with section 426 of the [Education \(General Provisions\) Act 2006](#) (regarding student's personal information) and the [Information Privacy Act 2009](#) (parent/carer's personal information), this information will not be disclosed to any other person or body unless DoE has been given permission or is required or authorised by law to disclose the information.

### Section A: Student details

| Surname     | Given name (Preferred name) | Date of birth |
|-------------|-----------------------------|---------------|
|             |                             |               |
| School name | Student's school email      |               |
|             |                             |               |

### Section B: Response to invitation

YES, I accept the invitation for my child/myself (if an independent student) named above to be a team member of the QRSS program under the conditions outlined by the sport offices.

and

I consent for my child/myself (if an independent student) named above to participate in any activity arranged by the representative school sport team as listed by the sport offices. *Complete Sections C, D and E and return form to the Team Manager.*

**OR**

NO, I decline the invitation for my child/myself (if an independent student) to be a member of the team named above.

*Complete Section C and return form to the Team Manager.*

### Section C: Signature block

| Name of Parent / Carer / Independent student      |  |       |  |
|---------------------------------------------------|--|-------|--|
| Signature of Parent / Carer / Independent student |  | Date: |  |

SIGN HERE

## CONTACT DETAILS

### Section D : Parent / Carer (1) OR Independent student details

| Surname       | Given name | Preferred name |
|---------------|------------|----------------|
|               |            |                |
| Home address  |            |                |
|               |            |                |
|               |            |                |
| Mobile phone  | Work phone | Home phone     |
|               |            |                |
| Contact email |            |                |

### Parent / Carer (2) details - **Optional**

| Surname                                  | Given name | Preferred name |
|------------------------------------------|------------|----------------|
|                                          |            |                |
| Home address (if different to student's) |            |                |
|                                          |            |                |
|                                          |            |                |
| Mobile phone                             | Work phone | Home phone     |
|                                          |            |                |
| Contact email                            |            |                |

### Section E: Emergency Contact Person (must be over 18yrs of age)

| The emergency contact person is:                                                                | Parent/Carer 1 | Parent/Carer 2 |
|-------------------------------------------------------------------------------------------------|----------------|----------------|
|                                                                                                 |                |                |
| If the emergency contact is not either of the persons above, please complete the below details. |                |                |
| Surname                                                                                         | Given name     | Preferred name |
|                                                                                                 |                |                |
| Home address                                                                                    |                |                |
|                                                                                                 |                |                |
|                                                                                                 |                |                |
| Mobile phone                                                                                    | Work phone     | Home phone     |
|                                                                                                 |                |                |
| Contact email                                                                                   |                |                |

TICK HERE

## Section F - Student health information

Student name:

Date of birth:

### Suspected concussion/Concussion

|                                                                                                                     |                                       |                                      |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------|
| 1. Has the student had any recent head injuries or concussion?                                                      | <input type="checkbox"/> No Go to 4   | <input type="checkbox"/> Yes Go to 2 |
| 2. Does the student have graduated Return to Play advice from their treating doctor?                                | <input type="checkbox"/> No Go to 3   | <input type="checkbox"/> Yes Go to 4 |
| 3. Has the student received medical clearance to participate in this sports event at the date of signing this form? | <input type="checkbox"/> No See Note. | <input type="checkbox"/> Yes Go to 4 |

**Note:** If your child has had concussion/suspected concussion, staff will follow advice from the treating doctor. Students who have graduated Return to Play advice from their treating doctor may be eligible to join the team, however, medical clearance is required for your child to fully participate in the sport.

### Other injuries

|                                                                                                                                                                            |                                     |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| 4. Does the student have any current or previous sprains, strains or other injuries (e.g. to the knee, hip, shoulder, ankle or back) which may affect their participation? | <input type="checkbox"/> No Go to 6 | <input type="checkbox"/> Yes Go to 5 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|

5. Describe the injury and recent treatment:

### Health conditions

|                                                                                          |                                     |                                      |
|------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| 6. Does the student have any health conditions that affect their participation in sport? | <input type="checkbox"/> No Go to 8 | <input type="checkbox"/> Yes Go to 7 |
|------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|

7. Indicate the student's health condition/s

- ☐ Asthma
- ☐ Anaphylaxis
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Other \_\_\_\_\_

Attach any Emergency Health Plans, Action Plans or medical advice relating to the condition. Contact the Team Official as soon as possible to discuss any support required to manage the student's health condition, especially if the student requires medication / an emergency response and/or if they require additional support to manage their condition.

### Medication requirements

|                                                                                                 |                             |                              |
|-------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| 8. Will the student require routine medication (at a set time) during this activity?            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Could the student require medication as an emergency response, e.g. for asthma, anaphylaxis? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Does the student require staff to administer their medication?                              | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 11. Does the student have parent approval to self-administer their medication?                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If **YES** to any of these questions:

- complete the Consent to administer medication form (available in the [Administration of medications in schools](#) procedure)
- attach the completed Consent to administer medication form and any additional advice from the health practitioner e.g. action plan, letter, medication order, to this acceptance form
- contact the student's Team Manager as soon as possible to ensure that the student's medication needs can be supported.

### Other

Describe below if the student has any other health or wellbeing issues which may affect their participation in representative school sport:



## Section G: Mouthguard consent

– for Australian football, Rugby league, Rugby union, Hockey and Water polo

|                                                                 |                                       |                                      |                                 |                                     |  |
|-----------------------------------------------------------------|---------------------------------------|--------------------------------------|---------------------------------|-------------------------------------|--|
| Student name:                                                   |                                       |                                      |                                 | Date of birth:                      |  |
| Sport in which the above student is participating:              |                                       |                                      |                                 |                                     |  |
| <input type="checkbox"/> Australian Football                    | <input type="checkbox"/> Rugby League | <input type="checkbox"/> Rugby Union | <input type="checkbox"/> Hockey | <input type="checkbox"/> Water Polo |  |
| OR <input type="checkbox"/> other sport. <i>Go to Section H</i> |                                       |                                      |                                 |                                     |  |

TICK HERE

It is a Department of Education requirement for students wishing to participate in Australian football, Rugby league, Rugby union, Hockey and Water polo to wear mouthguards. The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Please refer to the [Sport Medicine Australia—Preventing Dental Injuries in Sport](#) and the [Australian Dental Association Sports Mouthguards recommendations](#) in order to make an informed decision about which mouthguard is most suitable for your child.

If your child is unable to wear a mouthguard for medical reasons, then a **medical certificate or letter signed** by the student's treating doctor is required **prior** to your child participating in this representative school sport event.

If you have any issues regarding purchasing a mouthguard, please contact the Team Manager and/or your school's principal.

To address student safety, if this mouthguard consent form is not completed, signed and returned, your child will be unable to participate in the specific representative school sport event.

### Section G.1: Acknowledgement and signature block

☐ I understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection the student listed in Section A will wear whilst playing this sport.

☐ I confirm that the student listed in Section A has NO identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

☐ I confirm that the student listed above **has an identified medical condition** that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required **medical certificate/letter from their treating doctor** is attached.

Name of parent/carer/independent student:

Signature of parent /carer/independent student:

Date:



## Section H: Consent

Name of representative sporting event

Name of student

**By signing this form, I agree to all the following statements:**

- I have read all of the information contained in this document in relation to the QRSS program (including any attached material) and will commit to participation in all aspects of the program.
- I give consent for the student listed above to participate in the identified QRSS program.
- To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative school sport.
- I have provided the Team Official with all relevant details of the student's medical and physical needs on registration/enrolment and where relevant have updated this information.
- I will notify the Team Official if there is a change in any health conditions detailed above or if the student is no longer medically fit or able to participate for health/injury reasons in this representative sporting event. This includes concussion that may occur during an event.
- I agree that should the student be medically unfit to participate fully in the representative school sport event for which they have been selected, they may be required to withdraw.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment the student may reasonably require, including contacting a doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I give consent for my child/student contact information to be shared in relation to the representative school sport event in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- I am aware that the department does not have personal accident insurance cover for students.
- I will pay the Queensland Representative School Sport costs as outlined by the sport offices for the student's participation in the event.
- I acknowledge that transport/accommodation may be provided to attend trials/Championships.
- I acknowledge that the Team Officials have no responsibility for students during privately arranged travel to and from competition venues, or whilst in private accommodation.
- I have reviewed the information I have provided on this form and confirm that this information is correct to date.
- I will adhere to all QRSS program policies including the Department and QRSS Code of Conduct.

Name of parent /carer/  
independent student:

Signature:

Date:

SIGN HERE

# Queensland Representative School Sport

## Instructions to complete the Consent Form for Queensland Representative School Sport

|                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For a parent/<br>carer:                                                                                                      | <ol style="list-style-type: none"> <li>1. Read the <b>Information sheet: Consent Form for Queensland Representative School Sport</b> (pages 1-4) and retain for your records.</li> <li>2. Complete and return the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6) to the appropriate person for the level of trial you are attending: <ol style="list-style-type: none"> <li>a. District Trial – District Convenor/Coach/Students school</li> <li>b. Regional Trial – District Coach/Manager</li> <li>c. State Championship – Regional Manager</li> <li>d. SSA Event/Exchange – State Manager</li> </ol> </li> </ol>                                                 |
| For a mature<br>age student or<br>student over 18<br>years old*:                                                             | <ol style="list-style-type: none"> <li>1. Read the <b>Information sheet: Consent Form for Queensland Representative School Sport</b> (pages 1-4) and retain for your records.</li> <li>2. Complete and return the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6) to the appropriate person for the level of trial you are attending <b>as outlined above</b>.</li> </ol>                                                                                                                                                                                                                                                                                            |
| For an<br>independent<br>student*:                                                                                           | <ol style="list-style-type: none"> <li>1. A staff member will assist you in reading and comprehending the <b>Information sheet: Consent Form for Queensland Representative School Sport</b> (pages 1-4), and the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6).</li> <li>2. The staff member who assisted you will complete <b>Section C</b> of the <b>Consent Form for Queensland Representative School Sports – 2025</b>.</li> <li>3. You will complete and return the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6) to the appropriate person for the level of trial you are attending <b>as outlined above</b>.</li> </ol> |
| If you need help<br>with English:<br><br> | <ol style="list-style-type: none"> <li>1. Ask the school for an <a href="#">interpreter</a>.</li> <li>2. Ask the interpreter to read the <b>Information sheet: Consent Form for Queensland Representative School Sport</b> (pages 1-4) and the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6).</li> <li>3. Keep the <b>Information sheet: Consent Form for Queensland Representative School Sport</b> for your records.</li> <li>4. Complete and return the <b>Consent Form for Queensland Representative School Sport – 2025</b> (pages 5-6) to the appropriate person for the level of trial you are attending <b>as outlined above</b>.</li> </ol>               |

**\*Students that are independent, mature-age or over 18 years of age may provide their own consent and be responsible for all related costs.**

An **independent student** is a student younger than 18 years who:

- (in most cases) is living independently of their parent/carer
- does not have another adult exercising parental responsibility for them (i.e. taking care of the student's housing, food, clothing and transport needs)
- has the capacity to make decisions on their own behalf.

This does not include primary school-aged students, students in out-of-home care, international students living in a homestay arrangement or with a relative, and dependants of temporary visa holders living in Queensland.

A **mature age student** is a person who is 18 years or older and actively enrolled in a [mature age state school](#) under the provisions of ss.155-156 of the Education (General Provisions) Act 2006 (Qld).

# Queensland Representative School Sport

## Information sheet: Consent Form for Queensland Representative School Sport

### ***Read the information below and retain for your records:***

This Consent Form for Queensland Representative School Sport is designed to gain consent to collect, record, use and/or disclose selected personal information for a student participating in one or more representative school sports at District, Regional, State, National and International level, managed by Queensland Representative School Sport.

### ***Personal information and materials covered by this form***

The department may use, record, collect and/or disclose the following personal information and/or materials:

- (a) **personal information** that may identify the person in **Section A**:
  - > Name
  - > School name
  - > School year level
  - > Age
  - > Date of birth
  - > Image/photograph
  - > Sporting Organisation Personal Identification Number
  - > Recording (voices and/or video)
  - > Copyright materials (artistic works or performances)
  - > Achievement or performance results
- (b) audio-visual recordings of the individual/team, image and voice during associated sporting events
- (c) photographic recordings of the individual/team during sporting events
- (d) written materials and reports recording information about the individual/team, including written summaries
- (e) annotated samples of the individual/team sporting performance, (including video or image)
- (f) representing Indigenous knowledge or culture.

### ***Purpose***

If consent is given in **Section B** below, the Department of Education (DoE) through Queensland Representative School Sport (QRSS) will be able to use, record, collect and/or disclose the Individual's personal information and/or materials to the relevant third-party, including sporting organisations, School Sport Australia, and/or education departments of other Australian state and territory governments for any of the following approved purposes :

- (a) Facilitation, organisation and administration of representative school sport events (often with assistance from the relevant sporting organisation or other relevant third-party)
  - o Includes talent identification, grading, competition draws and timetables, publication of results, and arranging travel and accommodation associated with event participation.
  - o May include disclosure of personal information to third-party providers of software programs/applications (licensed to DoE by an external provider) in order to facilitate administration of the competition. (Refer to the Third-party software and application providers in the definitions section of this form.)
- (b) Promotion of DoE, QRSS and representative school sport events
  - o Includes any activities engaged in during the course of the representative school sporting events, as described in the attached letter, for purposes of public relations, promotion, advertising, presentations, publications, displays, media, promotional, marketing and communication materials and commercial activities.
  - o includes recording, publishing and promotion of representative school sport events via social media, online or in printed or other forms of media as set out at <https://queenslandsschoolsport.education.qld.gov.au/about-us/events-calendar> including: any purpose, commercial or otherwise, required by operators of the websites as a condition of uploading the personal information or materials (DoE may need to accept contractual obligations that are perpetual and

# Queensland Representative School Sport

irrevocable in uploading material to such websites); and transfer of the personal information outside of Australia in the course of the operation of the website.

(c) Event merchandising and memorabilia

- Products may be complementary (e.g. event programs) or available for purchase by participants of representative school sport events (e.g. team photographs, action photography, videography, t-shirts) which involve disclosure of personal information to external suppliers.

## **Third-party organisations, contractors and volunteers**

Personal information and/or materials may be disclosed by DoE to the following third-parties:

- Commercial photographers and videographers
- Commercial printers and merchandise providers
- Sporting organisations as authorised by DoE
- Technical support providers
- Third-party software and application providers
- Travel agents, airlines and accommodation providers
- Non-employee volunteers as authorised by DoE to assist with facilitation, organisation and administration of representative school sport events, in roles including but not limited to coaches, managers, convenors and team marshalls.

(Refer to **Appendix 1** of this form for more detail about third-parties and other definitions.)

## **Important information regarding offshore hosting**

If you provide consent, DoE may disclose your personal information to third-party organisations or services. These organisations or services will include private companies hosted offshore or outside of Australia. This means that data that is entered into these third-party software and application provider sites, including the Individual's personal information, will be transferred outside Australia and stored on servers based in other countries and therefore not subject to Queensland or Australian privacy laws.

Before you complete this consent form we strongly advise that you understand the purposes for which these third-party software and application providers collect this information, what will be done with it, who else may have access to it and where the data is stored. Further information can be found on

<https://queenslandsschoolsport.education.qld.gov.au/sports-information-and-privacy-management>.

refer to each application/s and website's terms and conditions and/or privacy policy.

## **Timeline for consent**

Consent applies for the calendar year or until you decide to limit or withdraw consent. Further information on limiting or withdrawing consent can be found on <https://queenslandsschoolsport.education.qld.gov.au/sports-information-and-privacy-management>.

During the school year there may be circumstances where the DoE may seek additional consent. If this consent form, or attachments are updated during the period of consent, the department will provide you with information advising of the changes or updates and seek confirmation of continued consent.

## **No form, no consent**

If a student does not return the completed and signed **Consent Form for Queensland Representative School Sport - 2025**, Queensland Representative School Sport will record that consent has **NOT** been provided.

### **Contact details**

Please contact **the student's school** if you have any queries regarding this information.



# Queensland Representative School Sport

## APPENDIX 1: DEFINITIONS

**Approved Purposes** has the meaning given in **Information sheet: Consent Form for Queensland Representative School Sport** of this Consent.

**Commercial photographers and videographers** are third-party contractors engaged by the department to provide photography and videography services at representative school sport events. They have a contract with the department, agreeing to the department's terms and conditions. Photography and videos may be published on the commercial photographer/videographer's website for display or retail sale. A list of commercial photographers and videographers are set out at <https://queenslandschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

**Commercial printers and merchandise providers** are third-party contractors engaged by the department to provide printed materials and merchandise at representative school sport events. They have a contract with the department, agreeing to the department's terms and conditions. A list of Commercial printers and merchandise providers are set out at <https://queenslandschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

**Consent**, for the purposes of this form, means completing and signing **Section B** of the Consent Form for Queensland Representative School Sport – 2025 to give permission for the department to collect, use and disclose a student's personal information as described in the form.

**The department or DoE** means the Department of Education (Queensland).

**Individual** is the person whose Personal Information and/or Materials consent is being sought for. The Individual is identified in **Section A** of this Consent.

**Materials** are those specifically listed in the **Information sheet: Consent Form for Queensland Representative School Sport**.

**Personal Information** means information (including captured electronically in databases) and images recorded in a material form (e.g. paper) or not, about a person whose identity is apparent, or can reasonably be ascertained, from the information that is specifically listed in **Section A** of this Consent Form for Queensland Representative School Sports – 2025.

**Queensland Representative School Sport (QRSS)** is the Department of Education unit that administers the representative school sport program in Queensland. Queensland Representative School Sport includes the District, Regional, State and National school sport pathway.

**School Sport Australia** is an incorporated association responsible for the development and promotion of school sport in Australia. School Sport Australia provides high-quality national sport championships for representative State and Territory school sports teams.

**Sporting Organisations** are third-party local, state and/or national organisations who administer, support and promote a specific sport. These organisations are recognised and may receive funding from the state and/or federal government. They collaborate with, and support Queensland School Sport to deliver representative school sport events.

**Sporting Organisation Personal Identification Number** is a number created by some sporting organisations, including golf (TQ number), tennis, triathlon. It is used to administer an Individual's involvement in that particular sport. A sporting organisation will provide the student a PIN application form for completion on registration if required. The list of representative school sports using a sporting organisation personal identification number are set out at <https://queenslandschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

**Technical Support Providers** are individuals/organisations engaged by the department to provide a service for the operation of the representative school sport program.

**Third-party software and application providers** of software and applications currently used by DoE Queensland Representative School Sport and relevant sporting organisations are set out by sports at <https://queenslandschoolsport.education.qld.gov.au/sports-information/information-and-privacy-management>.

# Queensland Representative School Sport

## Consent Form for Queensland Representative School Sports - 2025

### Section A: Complete the student details below:

#### Privacy Statement

The Department of Education (DoE) is collecting your personal information on this form in order to obtain consent for the use and disclosure of you and your child's personal information to manage and promote district, regional, state and national representative school sports. The information will be used and disclosed by authorised departmental employees for the purposes outlined in Sections A and B. Personal information may also be used or disclosed to third-parties as authorised in **Section A** or where authorised or required by law. This information will be stored securely.

#### Student details

Full name of student

Date of birth

Name of School

Year level

Age group

Sporting organisation Personal Identification Number - if required (see Appendix 1 for details)

Where the above student's personal information and materials are to be disclosed (e.g. in media, on display boards at events), please indicate if and how you would like their name disclosed:

If no selection is made or do not disclose name is selected, the student will be assigned a code to identify them.

☐ Full Name

☐ First Name only

☐ Do not disclose name

TICK HERE

If you wish to access or correct any of the personal information on this form or discuss how it has been dealt with, please contact the appropriate person for the level of trial the student is attending (see page 1)

#### Representative School Sports

The student listed above is playing the following representative school sport/s (tick as applies):

- ☐ Australian Football  
☐ Baseball  
☐ Basketball  
☐ Cricket  
☐ Cross Country

- ☐ Football  
☐ Futsal  
☐ Golf  
☐ Hockey  
☐ Netball  
☐ Rugby League

- ☐ Rugby Union  
☐ Rugby 7's  
☐ Softball  
☐ Squash  
☐ Surfing  
☐ Swimming

- ☐ Tennis  
☐ Touch Football  
☐ Track and Field  
☐ Triathlon and Aquathlon  
☐ Volleyball  
☐ Water Polo

TICK HERE

# Queensland Representative School Sport

## Section B: Complete the details below:

### Consenter details– the person giving the option of consent

I am (tick as applies):

- ☐ parent/carer of the student listed in **Section A**, OR  
☐ the student listed in **Section A** (independent student).

TICK HERE

I confirm that:

- ☐ I have read the **Information sheet: Consent Form for Queensland Representative School Sport**, or it has been read to me.

TICK HERE

### Consent options – Select Option 1: YES or Option 2: NO

TICK HERE

Option 1:

- ☐ YES. I provide my consent.

By indicating YES (above), I consent to DoE recording, using and/or disclosing (publishing) the personal information and materials for the Approved Purposes identified in **Section A**.

I acknowledge that I will not be paid for giving this consent nor will a payment be made for the use of personal information or material.

By signing, I also agree that this Consent Form is a legally binding and enforceable agreement between the consenter, DoE and the State. For the benefit of having the materials (detailed in **Information sheet: Consent Form for Queensland Representative School Sport**) promoted as DoE may determine, I grant a licence for such materials for this purpose. I acknowledge I remain responsible to promptly notify DoE of any third-party intellectual property incorporated into the licensed materials.

Consent applies for **this calendar year** or until you decide to limit or withdraw consent.

Option 2:

- ☐ NO. I do not provide my consent.

By indicating NO (above), I do not consent to DoE recording, using and/ or disclosing (publishing) the personal information and materials for the Approved Purposes identified in **Section A**.

### Name, date and signature of Consenter – Please complete

Name of consenter

Signature

Date

SIGN HERE

## Section C: For school staff use only:

I assisted the independent student listed in Section A in reading, comprehending and completing the **Information sheet: Consent Form for Queensland Representative School Sport** and the **Consent Form for Queensland Representative School Sport – 2025**.

Name

Job title

Signature

Date



This code of conduct sets out what is expected of students, parents and spectators in terms of participating in Capricornia School Sport events, and the range of consequences for breaching the code.

### AS A TEAM MEMBER'S

- Take responsibility for your own conduct and performance
- Compete by the competition conditions and rules.
- Never argue with the Judge's, Referee's or Umpire's decision.
- Control your temper – no criticism by word or gesture.
- Work equally hard for yourself and your team – your team's performance will benefit and so will your own.
- Be a good sport. Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Behave in a manner that respects the rights of others.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials is strictly forbidden.
- Going to bed at a reasonable hour will assist your own and your team's performance.
- Wearing the official team uniform at all times, as directed by team management / officials.
- Check - in and check - out with team management / officials each day.
- Stay in the designated team area and support other team members during times when you are not competing
- Follow all directions of team management / officials
- Ensure that you have telephone numbers of team managers at all times when you are not with the team.

### AS A GUEST IN MOTELS, COLLEGES, CARAVAN PARKS & SURF CLUBS ETC.

- Check for any damage to premises on arrival and notify your team official.
- Keep your room tidy.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted.

### BREACH OF THE CODE

*Team Officials may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' cost. Capricornia School Sport is responsible for imposing any longer term consequences.*

*Furthermore, Capricornia School Sport may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA).*

*Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA*

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in Capricornia School Sport events, and the range of consequences for breaching the code.

### PARENT'S CODE OF CONDUCT

- Cooperate with the school to achieve the best outcomes for your child.
- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Maintain positive relationships with team officials regarding your child's learning, wellbeing and conduct.
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Make any new parents feel welcome on all occasions.
- Do not interfere with the conduct of any events.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Adhere to Education Queensland's policy of a smoke and alcohol free environment.

### SPECTATOR'S CODE OF CONDUCT

- Demonstrate appropriate social behaviour.
- Remember children play for enjoyment. Don't let your behaviour detract from their enjoyment.
- Let game officials conduct events without interference.
- Support skilled performances and team play with generous applause.
- Demonstrate respect for opposing players and their supporters.
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and text.
- Adhere to Education Queensland's policy of a smoke and alcohol free environment.

### BREACH OF THE CODE

*Team Officials and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. Queensland School Sport is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.*

*Parents and spectators should note that it is an offence to insult (meaning "to treat insolently or with contemptuous rudeness, to abuse") an officer of a state educational institution - Section 333 Wilful Disturbance, of the Education (General Provisions) Act 2006 (EGPA).*

*Parents and spectators will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA*