



Rockhampton District School Sport



Form 2A

Parent Consent Form

I hereby give my consent for my son/daughter _____ to participate in any competition conducted under the auspices of or participated in by the Queensland School Sport Council or any affiliated body and I hereby give my permission for him/her to use such known forms of transport, for such travelling as may be deemed necessary.

I agree that, during the periods of the aforesaid competition in which my son/daughter participated, and during such travelling and other activities as maybe deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.

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 son/daughter participates and during such travelling and other activities as may be deemed necessary.

I acknowledge the fact that Rockhampton & District/Education Qld carries no insurance cover against accident/injury during competition and associated activities. (eg travel, training etc.)

In the event of my requesting and being given approval to arrange private accommodation for my son/daughter, I accept all the responsibilities (this includes transport to and from the playing venue each day) in relation to the intradistrict competitions. I also understand that whilst at the championships my son/daughter is still under the control of Rockhampton & District team officials during competition hours and any official functions connected with the intradistrict competition.

I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 30+ (or higher) broad spectrum sunscreen.

I have read the Behaviour Management Policy and the Code of Conduct for Parents and Spectators, understand its contents and conditions, and accept the parental responsibilities contained therein.

Signed:

(Parent/Guardian)

Date: / /

Student's Agreement to the Code of Conduct

I _____ have read and understand the Code of Conduct (Students, Parents and Spectators) and agree to abide by its conditions.

Signed:

(Student)

Date: / /

Rockhampton & District School Sport as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorized by Rockhampton & District 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 healthy and welfare.



Rockhampton District School Sport



Form 2B Authority and Consent Form

(to share personal details and medical history)

Student's Name:	Date of Birth: / /
School:	Male / Female (please circle)

1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education and Training (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual's:

- Name and other identifying information (personal information); and
- Medical history.

* Note: If the individual is under 18yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

2. PURPOSE

The Department of Education and Training is collecting your child's personal details (Form 2C) and medical history (Form 2D) in accordance with the *Information Privacy Act 2009* and *section 426 Education (General Provisions) Act 2006*, in order to share your son/daughter's medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education and Training. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way: _____

AUTHORITY AND CONSENT

I hereby authorise the obtaining on my behalf of such medical assistance as(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

I consent for authorised Department of Education and Training employees to share:

- My personal details, and
- The individual's personal details and medical history

with relevant medical professionals in the event of accident or illness or as required by law.

Signature of the individual (if over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent.

Date

/ /

Signature of the parent or guardian (required if the individual is under 18 years)

Date

/ /



Rockhampton District School Sport



Form 2C

Student Details

Student Details			
Surname			Male / Female (Please circle)
Given Name			
Date of Birth			
Home Address			Postcode
Home Telephone		Mobile Telephone	
Contact Email			

Parent / Guardian 1			
Surname		Given Name	
Home Address (If different to Student)			Postcode
Home Telephone		Mobile Telephone	
Contact Email			

Parent / Guardian 2			
Surname		Given Name	
Home Address (If different to Student)			Postcode
Home Telephone		Mobile Telephone	
Contact Email			

Contact Person (When parent/guardian/carer cannot be contacted)			
Surname		Given Name	
Home Address (If different to Student)			Postcode
Home Telephone		Mobile Telephone	

Any Relevant Family History

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Rockhampton District School Sport



Form 2D Medical Details

Surname			
Given Name		Male /	Female (Please circle)

Where a YES or NO response is required please enter that word in the cell rather than a tick or cross.

Immunisation Details (Please complete. List others as appropriate. Enter the words YES or NO rather than ticks.)			
Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you get asthma?	Yes	No
Is your asthma, Exercise induced asthma?	Yes	No
If Yes to any of the above, list medication and attach Action Plan.		
Do you suffer from Anaphylactic reactions?	Yes	No
If Yes list medication and attach Action Plan		
Are you currently being treated by a medical practitioner?	Yes	No
If Yes list details. NOTE: Please list any current medication.		
Do you have an injury or condition which is likely to be aggravated by competition?	Yes	No
If Yes list details		

Medicare Card Number																				
Cardholder Name (if not in name of student)																				
Private Health Insurance Company Name (if covered)																				
Private Health Insurance Membership Number																				
Do you have Personal Accident & Injury Insurance cover against accident/injury for competitions and associated activities (training, travel, etc.)	Yes		No																	
Personal Accident & Injury Insurance Company Name																				

Please list any other relevant medical history

NOTE: It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Capricornia School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.

Rockhampton & District Secondary School Sport as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Rockhampton & District Secondary 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.



Rockhampton District School Sport



Form 2E Principal Consent

I hereby certify that the following student:

Name

Date of Birth

_____ who has been selected to compete in the _____ Championships to be held in _____ from _____ to _____

is enrolled as a full-time student of this school. I further declare that the student's record of attendance and conduct are such that I have no hesitation in recommending and approving the student's selection in the team. Date of Birth as listed corresponds with school records. I hereby consent to the student's participation in the team.

Principal's Signature: _____

School: _____

Date: _____

SCHOOL STAMP

PLEASE RETURN TO THE TEAM MANAGER
AS LISTED IN THE TEAM INVITATION LETTER.

Rockhampton District School Sport as an operational unit of the Department of Education, Training and Employment is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by Capricornia 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 healthy and welfare.



Rockhampton District School Sport



FORM 5 – GROUP TRAVEL EXEMPTION

I wish to apply for forward and/or return travel exemption or advise of alternative travel for my child _____ who is a member of the _____ team. I agree to abide by the conditions of this exemption as set out below:

- If I am present at the championships, my child will be accommodated with me.
- I will pay the total levy where charter bus is used.
- My child will comply with all requests as made by team management (re team organisation, designated meeting times and venues).
- My child will be under the supervision of team management during the hours of the running of the carnival.

I understand that failure to comply with these conditions may result in withdrawal from competition and/or a period of non-invitation to Capricornia teams.

FORWARD TRAVEL: by Car, Bus, Train (circle one)

Person responsible for my child during forward travel:

Name: _____ Phone: _____

Address: _____

RETURN TRAVEL: by Car, Bus, Train (circle one)

Person responsible for my child during forward travel:

Name: _____ Phone: _____

Address: _____



Rockhampton District School Sport



FORM 6 – WITHDRAWAL

This form must be completed and forwarded to the manager of Rockhampton District School Sport team as soon as possible after the decision to withdraw is made. Failure to advise management before the date of close of return of personal particular forms etc., may incur a suspension for further participation in School Sport. All parts should be completed and the signing at the bottom of the page is to be done.

Part A	Sporting Team		
Surname		Given Name	
School		Return Date	

Part B		
Has your school been advised of withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who did you contact? By: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Word of Mouth	
Has your Team Manager been advised? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you paid your levy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you collected your apparel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously applied for Travel Exemption?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part C	
My consideration to withdraw from the team was due to:	
<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Excessive levy
<input type="checkbox"/> Injury (please specify)	
<input type="checkbox"/> Attending other sports trials (please specify)	
<input type="checkbox"/> Important School Trip (please specify)	
<input type="checkbox"/> Unable to accept travel arrangements (please specify)	
<input type="checkbox"/> Other (please specify)	

Student Signature: _____ Parent Signature: _____

Principal Name: _____ Principal Signature: _____



Rockhampton District School Sport



Rockhampton District School Sport / Queensland School Sport

FORM 4 - CODE OF CONDUCT (Students, Parents & Spectators)

The following code of conduct highlights the level of expected behaviour of students, parents and spectators when participating in and/or attending Rockhampton District School Sport (RDSSS) / Queensland School Sport (QSS) events. Consequences for not honouring this code of conduct are listed in the boxed sections. Please ensure that you have read and understand this code prior to participating in and/or attending Rockhampton District School Sport (RDSS) / Queensland School Sport (QSS) events. ***Please be aware that ignorance of the contents of this Code will not be accepted as an excuse for any breach.***

EXPECTATIONS OF STUDENT PARTICIPANTS

As a team member

- Take responsibility for your own behaviour 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 own 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 regardless of mediums of communication used eg. Digital mediums such as twitter, facebook, email and texts.
- Smoking, drinking of alcoholic beverages, use of any illegal substances and substance abuse is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials or billeting parents is strictly forbidden.
- Going to bed at a reasonable hour will assist your own and your team's performance.
- Wear 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 with you at all times that you are not with the team.

Consequences for breaches of this code by students

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 (CSS) and/or Queensland School Sport (QSS) is responsible for imposing any longer term consequences to your future participation in CSS/QSS events.

Furthermore, CSS/QSS may provide a report to your school about your conduct and, as a school representative, you may be subject to discipline in accordance with the EGPA.

EXPECTATIONS OF PARENTS AND SPECTATORS

Parents' 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 behaviour
- 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.
- Behave in a manner that respects the rights of others regardless of mediums of communication used eg. Digital mediums such as twitter, Facebook, email and texts.
- Do not interfere with the conduct of any events.
- Support School Sport Australia's policy of a smoke and alcohol free environment.
- Do not interfere with any billeting arrangements. Once requested, you must accept the billet allocated by the Host Centre.
- If you consider there are problems with your child's billet, consult with the Team Manager.

Spectators' Code of Conduct

- Demonstrate appropriate social behaviour at QSS events.
- Remember children play for enjoyment. Please 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 eg. Digital mediums such as twitter, Facebook, email and texts.
- Support our policy of a smoke and alcohol free environment

Consequences for breaches of this code by parents / spectators

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. Capricornia School Sport and/ or 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 in the presence or hearing of students – s.333(2)(b) Wilful Disturbance, of the *Education (General Provisions) Act 2006* (EGPA).