



ROCKHAMPTON DISTRICT SCHOOL SPORT (RDSS)

RDSS TRIAL INFORMATION

10-19 YEARS SQUASH

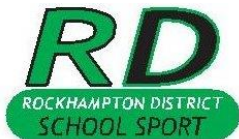
AGE GROUP: 10-19 YEARS
GENDER: MALE/ FEMALE
TRIAL DATE: PAPER NOMINATION SUBMITTED TO THE COLLEGE
COST: \$5.00

STUDENTS MUST BE PREPARED TO ATTEND CAPRICORNIA TRIALS, IF SELECTED.

SUPERVISION: Please note, TCC staff will **not** be in attendance at this trial to supervise students. It is the responsibility of the parents/ guardians to provide this supervision whilst at the trial. If parents/ guardians are unable to remain at the venue for the duration of the trial, it is the College's recommendation that another adult be appointed (by the parents/ guardians) to provide supervision.

RETURN THE ATTACHED PARENTAL PERMISSION/ MEDICAL INFORMATION FORM AND LEVY TO THE COLLEGE FRONT OFFICE BY 25/02/2022.

LATE FORMS WILL NOT BE ACCEPTED.



Parental Permission/Student Medical Information

Students Name: _____ School: _____ Date of Birth: ___/___/___ Male / Female

Sport Trial Attending: 10 – 19yrs B & G SQUASH Date of Trial: PAPER NOMINATION BY 25/02/22 \$5.00 levy to TCC

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 _____
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)

.....17/11/21.....
 (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 I/my child will wear whilst playing this sport.

SIGNED: _____

DATE:.....