GLASSHOUSE DISTRICT SCHOOL SPORT

Dear parents/guardians,

Your child wishes to be considered for selection in the Glasshouse District Team for the following sport:

|----------------------------|--------------------------------------------------------------------------------------|
| District Trial Date/Time   | Tuesday 23rd February, 2016
                                4:00pm-5:30pm                                                                 |
| District Trial Venue       | Landsborough – Glasshouse Lions Football grounds (Tunnel Ridge Rd)                   |
| District Coach             | Daniel Book (Kilcoy SS)                                                              |
| District Manager           | Rachael Muller (Elimbah SS)                                                          |
| Contact phone number       | 54321333                                                                             |

If selected in the Glasshouse District Team, your child will compete at the Sunshine Coast Regional Trials. The anticipated cost for Glasshouse District team is approximately

Compulsory nomination fee approx $30  [and optional Shirt $35, Hat $12]

<table>
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<tr>
<th>Regional Trial Date</th>
<th>23rd &amp; 24th March, 2016</th>
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<tr>
<td>Regional Trial Venue</td>
<td>Maroochydore – Fisherman’s Rd Football Grounds</td>
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TEAM MEMBER’S CODE OF BEHAVIOUR

As a team member
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.
Going to bed at a reasonable hour will assist your own and your team’s performance.
Be a good sport. Encourage and support your own team members.
Co-operate with your coach and team mates.
Show respect for your opponents and their skills.
Be friendly to all participants.
Be courteous.
Be responsible – you are representing your family, your school and your district.
Say THANK YOU – often!

Breach of Code
A breach of this code of behaviour, in the opinion of team officials, may result in the player banned from the remainder of the Championships and may also result in the player being sent home by the first available transport. Parents and the student’s school will be notified. Any additional expense incurred will be the responsibility of the parents. Further disciplinary action may be considered depending on the seriousness of the breach.

Parents please keep this sheet and send the parental consent, medical and media forms to the trials. Your child should wear appropriate clothing to the trials.
Parent Consent Form for – Australian Rules Football

I hereby give my consent for my son/daughter ______________________ to participate in any competition conducted under the auspices of the Queensland School Sport or any affiliated Sports Association or Committee.

I agree that, during the period/s of the aforesaid competitions in which my son/daughter participates, and during such travelling and other activities as may be deemed necessary, my son/daughter shall be under 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 agree to meet the costs associated with participation in the competition. I further agree to meet the cost of 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 have read the Team Member’s Code of Behaviour and the Parent’s Consent Form, understand its contents and conditions and I accept the parental responsibilities contained therein.

Signed: _________________________ Date: _________________________

Student’s Agreement to the Code of Behaviour

I ____________________________ have read and understood the Team Members’ Code of Behaviour and agree to abide by its conditions.

Signed: _________________________ Date: _________________________

To be filled in at your school prior to attending the trials

PROOF OF AGE
This is to certify ______________________ is a pupil of ___________________________ School, and School records show his/her birthday as ___________________________

MEDIA CONSENT There is a signed Project Consent Form on file at this school for this student. Please tick one

- Media consent given
- Media consent not given

Signed: _________________________
( Teacher/Principal)

Children can you please make sure this form is returned at the selection trial. Thank you.
STUDENT PERSONAL DETAILS

SURNAME: _____________________ CHRISTIAN: ________________________
Home Address: _______________________________________________________
Date of Birth: ______________________________ Phone: _______________
School Attended: ____________________________________________________
Caregiver’s Name (1): _______________________________________________
Business Address: __________________________________ Phone: ___________
Caregiver’s Name (2): _______________________________________________
Business Address: __________________________________ Phone: ___________
Relevant Family History: _____________________________________________

( The personal details requested are to enable contact to be made with player’s parents in the event of an emergency and are strictly confidential)

STUDENT MEDICAL HISTORY AND AUTHORISATION

My son/daughter has been immunised against (Year immunised if known): ______________
Date of last antit-tetanus injection: __________ Date of hepatitis B Vaccination: __________
My son/daughter is allergic to: ____________________________________________________
My son/daughter suffers from asthma: YES/NO Medication available: _______________
My son/daughter is currently taking medication: YES/NO Please give details:
________________________________________________________________________

Is your son/daughter suffering from an injury or condition which is likely to be aggravated by the competition? YES/NO Please give details: _____________________________________________

Any other relevant medical history: _____________________________________________

________________________________________________________________________

Is your son/daughter issued with his/her own Medicare Card? YES/NO. If no, please state Medicare Card Holder’s: Name ( This is the first name on the card): _____________________________
State Medicare Card Number: _______________________________________________
Additional Health Insurance: YES/NO Name of Company: ___________________________
Membership Number: _______________________________________________________

Does your son/daughter have Personal Accident Insurance cover against accident/ injury for competitions and associated activities ( e.g: training, travel, etc). YES/NO. If yes, please give cover details: _____________________________________________

( Your attention is drawn to the fact that this organisation carries no insurance cover against accident or injury during travel, training, competition and associated activities)

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter 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.
Signed: _______________________________ Date: _______________________________
(Parent/ Caregiver)