GLASSHOUSE DISTRICT SCHOOL SPORT

Dear parents/guardians,

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

**Sport** | Football (soccer) – Girls team and Boys team (Born 2004 or later)
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**District Trial Date/ Time** | Monday 29 Feb and Monday 7th March 3:30 – 5:00 p.m.
**District Trial Venue** | St Michael’s College Oval
**District Coach** | Girls: Brother Charles (St Michael’s College)
| Boys: Matt Griffiths (St Michael’s College)
**District Manager** | Girls: Wendy Stott (Glasshouse Christian College)
| Boys: Charlie Roy (Glasshouse State School)
**Contact phone number** | 54390033 (GCC) or 54958311 (St Michael’s College)

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 $35 – (Dress shirt $35 and hat $12 are optional)

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**Regional Trial Date** | Wed 13th April & Thurs 14th April, 2016
**Regional Trial Venue** | Maroochydore Soccer Club

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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!

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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.

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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.
GLASSHOUSE DISTRICT SCHOOL SPORT

PRESIDENT: Janet Austen
Beerwah State School – Ph: (07) 54365555

SECRETARY: Rachael Muller
Elimbah State School – Ph: (07)54321333

Parent Consent Form for – 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
  o Media consent given
  o 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 anti-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)