GLASSHOUSE DISTRICT SCHOOL SPORT

Dear parents/guardians,
Your child wishes to be considered for selection in the Glasshouse District Team for the following sport:

<table>
<thead>
<tr>
<th>Sport</th>
<th>Swimming</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>District Trial Date/ Time</strong></td>
<td>Friday 17\textsuperscript{th} Feb, 2017 (8:45am-2:10pm approx.)</td>
</tr>
<tr>
<td><strong>District Trial Venue</strong></td>
<td>Beerwah Swimming Pool (Roberts Rd, Beerwah)</td>
</tr>
<tr>
<td><strong>District Convenor</strong></td>
<td>Rachael Muller (Mooloolah State School)</td>
</tr>
<tr>
<td><strong>District Manager</strong></td>
<td>Ashleigh Woods (Pumicestone State School)</td>
</tr>
<tr>
<td><strong>Contact phone number</strong></td>
<td>54336444</td>
</tr>
</tbody>
</table>

If selected in the Glasshouse District Team, your child will compete at the Sunshine Coast Regional Trials. The anticipated cost for the Glasshouse District team is approximately $20 (TBC) compulsory nomination fee [and optional Shirt $35, Hat $12]

| Regional Trial Date | Thursday 2\textsuperscript{nd} March, 2017 |
| Regional Trial Venue | Caboolture Aquatic Centre |

**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 form and PCF form to the trials for team sports OR to your school’s PE teacher or school’s team manager for individual sports. Your child should wear appropriate clothing to the trials and take any necessary personal equipment required.

<table>
<thead>
<tr>
<th>STUDENT PERSONAL DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURNAME:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>School Attended:</td>
</tr>
<tr>
<td>Caregiver’s Name (1):</td>
</tr>
<tr>
<td>Business Address:</td>
</tr>
<tr>
<td>Caregiver’s Name (2):</td>
</tr>
<tr>
<td>Business Address:</td>
</tr>
<tr>
<td>Relevant Family History:</td>
</tr>
</tbody>
</table>

( 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 ( Please show year immunised if known):

Date of last anti-tetanus injection: ______________ Date of hepatitis B Vaccination: ______________

My son/daughter suffers from asthma: YES/NO Medication available :

My son/daughter is allergic to: ______________________________________________________________

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)

---

GLASSHOUSE DISTRICT
SCHOOL SPORT

PRESIDENT: Janet Austen
Beerwah State School – Ph: (07)54365555
SECRETARY: Liz Traynor
Beerwah State School – Ph: (07)54365555
## Parent Consent Form for – swimming

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 ____________________

Signed: ____________________________

( Teacher/Principal)

Attached to this letter is a Queensland School Sport Project Consent Form (PCF). Due to the short timeframes between district trials and regional trials, parental consent is sought now in the event that your child is selected in your district team to compete at the 10-19 Years Regional Trials. This attached PCF provides consent for the Sunshine Coast School Sport Office to list each student’s full name on the Sunshine Coast School Sport Website (www.sunshinesport.eq.edu.au). This will involve publishing the following documents:

- **Regional Program** – listing student name, school and their nominated events prior to the regional trial day
- **Program Results** – listing initial event results from the regional trial
- **Invited Regional Team** – listing qualifying students invited to attend the State Championships.

**If a parent / guardian does not give consent, their child’s name will be listed as Student A, Student B, etc.**