

# ***GLASSHOUSE DISTRICT SCHOOL SPORT***

Dear Parents/Guardians,

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

<b><i>Sport</i></b>	Softball [Boys]
<b><i>District Trial Date/ Time</i></b>	Tuesday 30 <sup>th</sup> May Wednesday 31 <sup>st</sup> May 3.30/3.40pm – 5.00pm
<b><i>District Trial Venue</i></b>	St Michael's College Oval
<b><i>District Coach</i></b>	Brother Charles – St. Michael's College
<b><i>District Manager</i></b>	Liz Traynor – Beerwah State School
<b><i>Contact phone number</i></b>	Liz Traynor 0400 201200

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 \$32. They will be given a playing uniform but District Shirts and bucket hats are available to purchase should you want one. [Shirt \$35 , Hat \$12].

<b><i>Regional Trial Date</i></b>	12 <sup>th</sup> and 13 <sup>th</sup> July
<b><i>Regional Trial Venue</i></b>	Noosa Softball Club

## **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 consent forms to the trials. Your child should bring a hat, water bottle and wear sun safe clothes to the trial.**

## 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: \_\_\_\_\_

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( 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 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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)5436 5555

SECRETARY: *Liz Traynor*

Beerwah State School – Ph: (07)5436 5555

### Parent Consent Form for – Softball

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)

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

