District Softball Trial Information — Girls

An 11 year team and a 12 year team will be selected so girls who are 10 yrs and have good ball skills should also trial for this team.

The selectors have asked that girls bring a softball glove and ball, water and a hat. Gloves and balls can be borrowed from me for the trials. Come to the PE office to get one.

Please ensure that forms are filled in and signed by class teacher to verify Date of Birth. You must take these forms to the trial.
Dear Parents,

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

<table>
<thead>
<tr>
<th>Sport</th>
<th>Softball Senior Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Trial Date/Time</td>
<td>Wed 12th &amp; Thurs 13th Feb - (3.30 -5.00 pm)</td>
</tr>
<tr>
<td>District Trial Venue</td>
<td>St Michael’s College</td>
</tr>
<tr>
<td>District Coach</td>
<td>Br Charles</td>
</tr>
<tr>
<td>District Manager</td>
<td>Stephanie Harvey</td>
</tr>
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</table>

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 $____ (Shirt, Nomination Fee etc.)

<table>
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<tr>
<th>Regional Trial Date</th>
<th>16th - 18th March</th>
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<tbody>
<tr>
<td>Regional Trial Venue</td>
<td>Redcliffe</td>
</tr>
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Team Member's Code of Behaviour

- 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!

Parents please keep this sheet and send the parental consent/medical form to the trials.

Breach of Code

A breach of this code of behaviour, in the opinion of team officials, may result in the player being 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

Please ensure your child wears appropriate clothing to the trials.
Dear Parents,

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

**Glasshouse District Team for the following sport.**

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<th>Sport</th>
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<td>District Coach</td>
<td>Amanda Searle</td>
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<tr>
<td>District Manager</td>
<td>Sr Anne / Bernadette Day</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.
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- Be responsible - you are representing your family, your school and your District.
- Say THANK YOU - often!

Parents please keep this sheet and send the parental consent/medical form to the trials.

Please ensure your child wears appropriate clothing to the trials.
Glasshouse District
School Sport

Parental Consent Form for - Softball

I hereby give my consent for my son/daughter [Given Name] [Surname] to participate in any competition conducted under the auspices of the Queensland State Primary Schools' Sports Association or any affiliated Association.

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: ________________

Parent/Guardian

Student's Agreement to the Code of Behaviour

I ____________________________ [Student's Name] have read and understood the Team Members' Code of Behaviour and agree to abide by its conditions.

Signed: ____________________________ Date: ________________

Student

PROOF OF AGE This is to certify ____________________________

is a pupil of ____________________________ School, and School records show his/her birthday as ________________ (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: ____________________________________________________________

Father's Name: ____________________________________________________________

Business Address: __________________________________ Phone: ______________

Mother's Name: ____________________________________________________________

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 (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: _______________

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/injury during 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/Guardian)