

Trial Permission Form

for



10-12 Girls Softball [born 2007, 2008 and experienced girls born 2009] <i>This is a selection for a Junior and Senior Team [all 10, 11 and 12 yrs girls are eligible for Junior or Senior representation]</i>
13 th and 14 th February
St Michael's College 3:30 – 5:00 p.m.
What to Bring: hat , sun safe clothing, sports shoes, water bottle, glove [if you have one]

To participate at a Glasshouse District Trial, your child **MUST** have this form completed and signed by both:

1. Authorised school delegate [e.g. Principal, Deputy Principal, Sports Teacher] **and**
2. Parent/s or Caregiver/s

NO FORM ----- NO TRIAL

Student Details	Parent Details
NAME: _____ D.O.B. ____/____/_____ SCHOOL: _____	NAME: _____ CONTACT NUMBER: _____

Are there any existing injuries/physical conditions that may be aggravated during this trial: **YES/NO**

If **yes**, please provide specific details _____

Please check all the appropriate boxes below to indicate your agreement/consent:

<input type="checkbox"/>	I give consent for my child, _____ to participate in the Glasshouse District Sports Association trial for _____ [name of sport] under the banner of Queensland School Sport.
<input type="checkbox"/>	I have provided the trial's manager with all the relevant details relating to my child' medical or physical needs.
<input type="checkbox"/>	I agree that, during the period of the trial and subsequent training/ competition, my son/daughter shall be under the direction of sporting personnel duly appointed to coach the squad.
<input type="checkbox"/>	I am aware that the Department of Education, Training and Employment do not have any personal accident insurance cover for students.
<input type="checkbox"/>	In the event of an accident or illness, I authorise school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
<input type="checkbox"/>	I accept liability for all costs incurred in obtaining medical assistance or treatment [including transport costs] and undertake to reimburse the State of Qld [via Dept of Education, Training and Employment] the full amount of any costs incurred on my child's behalf.

Parent/Caregiver's Name: _____ [Please Print]

Parent/Caregiver's Signature: _____ Date: ____/____/_____

Activity Risks and Insurance Explained

The activity outlined above carries inherent risk of physical injury occurring. Please note that the Department of Education, Training and Employment does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident, all costs associated with the injury, including medical costs are the responsibility of the parent/caregiver. Some incidental costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/caregivers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether nor not to allow your child to participate in this activity.

For School Use Only

This is to certify that _____ is a pupil of _____ school and our school records show his/her/birthday as ____/____/_____.

Authorised Delegate's Signature: _____ Date: ____/____/_____

