

Trial Permission Form

for



10-12 Boys and Girls Touch Football [born 2007, 2008, 2009]
This is a selection trial for a Boys and a Girls District Team
Monday 11 th February and Tuesday 12 th February 4.00 – 5.30pm
St Michael's Collage 1-63 The Abbey Pl, Caboolture QLD 4510
Contact – Liz Traynor – Beerwah SS (0400201200)

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:

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.

I have provided the trial's manager with all the relevant details relating to my child's medical or physical needs.

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.

I am aware that the Department of Education, Training and Employment do not have any personal accident insurance cover for students.

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.

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 or 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: ____/____/_____

