TRINITY COLLEGE SPORT CONSENT FORM

**Closing date for application: Thursday 28th January 3pm**

Dear Parent/Guardian,

**SPORT:** Tennis 13-19 years (boys and girls)

Your son/daughter has nominated to trial for Port Curtis District team in the sport listed above. Please complete this form to confirm the student’s nomination by the stated due date above; failing to do so may jeopardise the student’s nomination and/or selection chances.

Once completed, please return the forms to Mr Tarquam Robinson:

1. Complete, save and email attachment to [tarquamr@trinitygladstone.qld.edu.au](mailto:tarquamr@trinitygladstone.qld.edu.au)

TRIAL INFORMATION

**Date of trial:** Monday 1st February 2021

**Time:** 12.30pm – 5.00pm

**Cost:** $5 per student

**Venue:** Gladstone Tennis Club, Glenlyon Street

**Duty of care:** Parents and families

**Transport:** Own

**Equipment:** Students are required to bring their own water bottle and their own playing gear. Students must be wearing school sports uniform. No food or drink available or on sale at trials.

Students who trial must be competitive, willing and able to attend Capricornia trials in **Mackay** on Tuesday **February 9** and meet the costs incurred of selection in the PC team.

**WITHDRAWAL POLICY:** Please note that once selected for a Port Curtis team, students are not expected to withdraw unless there are extenuating circumstances. It is the policy of the Port Curtis District Secondary Schools Sport Association (PCDSSSA) that any student who withdraws from a team for unacceptable reasons (as determined by the executive of the PCDSSSA) will be ineligible for selection in subsequent Port Curtis sports for one year from the date of the ban.

If you have any further questions, please don’t hesitate to contact me.

Tarquam Robinson

Head of HPE and Sport

[tarquamr@trinitygladstone.qld.edu.au](mailto:tarquamr@trinitygladstone.qld.edu.au)

07 48390500

## PCS Sport Logo 2015CONSENT TO TRIAL/MEDICAL FORM

SPORT: PORT CURTIS \*\*SPORT\*\* TRIALS

**STUDENT NAME:** Type here **DOB:** Type here

I hereby give permission for my son/daughter to attend the Port Curtis Trials.

**CONSENT FORM**

* I agree to pay all medical expenses incurred on behalf of the above-mentioned student.
* I further authorise medical information about the above student and include details of limitations which she/he has for the activity concerned.
* INSURANCE COVER FOR STUDENTS UNDERTAKING PHYSICAL ACTIVITIES. Physical activity & physical education, particularly contact sports, carry inherent risks of injury. Parents are advised that the Department of Education, Training & Arts does not have Personal Accident Insurance cover for students. Education Queensland has public liability cover for all approved school activities & provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent/caregiver. It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur.
* **For the following sports: *(Rugby League, AFL, Rugby Union, Hockey, Water Polo and European Handball only) please ensure you complete Form 2G Mouthguard***

**Parent/Guardian Signature**: Sign here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** If selected in the Port Curtis team, does your son/daughter have permission to compete at the Capricornia Trials? | | | **YES** | **NO** |
| Date: Tuesday 9 Feb | Venue: Mackay | | Approximate Cost: TBA | |
|  | | |  |  |
| **2.** Will they be available for Capricornia selection to compete at State Titles? | | | **YES** | **NO** |
| Date: March 11-14 | | Venue: TBA | Approximate Cost: TBA | |

**MEDICAL INFORMATION**

1. *Does your son/daughter suffer from the following medical conditions? Please provide details.*

(a) Heart problems Type details here if required

(b) Respiratory Problems Type details here if required

(c) Allergies Type details here if required

(d) Travel sickness…………. Type details here if required

(e) Low/High Blood Pressure Type details here if required

(f) Epilepsy…………………… Type details here if required  
(g) Recent Illness……………… Type details here if required

(h) Recent Operations . Type details here if required  
(i) Diabetes Type details here if required

(j) Phobias Type details here if required

(k) Bed-wetting Type details here if required

(l) Drug Reactions Type details here if required

(m) Dietary Considerations Type details here if required

(n) Other Medical Conditions  Type details here if required

2. Are your son/daughter’s injections (eg. Tetanus) up to date?

3.*Please list any medications your son/daughter is required to take together with the prescribed dosage.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the information sheet? Please contact the teacher involved or outline the situation in writing.

### EMERGENCY CONTACT In an emergency, please contact:

NAME: Type here Relationship to Student: Type here Phone: Type here

PLEASE TURN OVER AND SIGN REGARDING COVID-19.

**With the current COVID-19 situation you need to be aware if your child is unwell leading up to the trial or wake up unwell the morning of the trial, they are NOT to attend. If your child wishes to be considered for selection they need to submit a Special Consideration form and submit prior to commencement of trials.**

Please be aware your child must not attend the trials if any of the following have occurred in the last 14 days:

* Had any COVID-19 symptoms?
* Been in contact with any confirmed/suspected COVID-19 case?
* Travelled internationally or from a COVID-19 hotspot?

You are no doubt aware that we are operating in uncertain times with the presence of COVID-19. In the same way that many establishments you may visit are required to collect information for contact tracing purposes, the Department of Education will be collecting contact details for all attendees at any Queensland School Sport event. These arrangements are intended to prevent the transmission of COVID-19 among participants, coaches, officials, administrators/volunteers, visitors, families and the broader community.

*The Department of Education is collecting personal information of parents of State school and non-State school students, and any other persons in attendance, in accordance with the Information Privacy Principles prescribed under the Information Privacy Act 2009 (Qld), in order to record the details of parents and any other persons attending sporting events, to enable the Department to comply with its obligations under the Public Health Act 2005 (Qld) and Disaster Management Act 2003 (Qld). This information will only be accessed by authorised staff within the department. Your personal information will not be given to any* other *person or agency without your permission or where we are required by law*.

Please sign below once you have read and agree to these conditions:

Signature: Sign here

Name: Type here Relationship to Student: Type here

Phone: Type here