



# St Mary's College Toowoomba

Providing quality Catholic education for boys since 1899

2<sup>nd</sup> August 2017

Dear Parents/Guardians,

Your son has been nominated to trial for the 12 Years and Under Toowoomba City Cricket team on Monday 21<sup>st</sup> August, 2017.

The details of the trial are outlined below.

**Sport:** Cricket –12 years and under, born 2005 or later

**Date:** Monday 21<sup>st</sup> August, 2017

**Venue:** University Nets, Baker St, Toowoomba (behind Steele Rudd College)

**Time:** 3.45pm – 5.30pm

**Requirements:** Full sports uniform, cricket equipment, water bottle, hat, and sunscreen

**Supervision:** No accompanying teacher. Parental/Adult supervision required. As your son is competing in the college sports uniform, normal school rules apply for this event.

**Transport:** Own transport required

**Important Information:** If your son is selected at the trials on Monday 21<sup>st</sup> August, he will be required for a further trial the next day on Tuesday 22<sup>nd</sup> August. Furthermore, if your son is selected he **MUST** be available to attend the Darling Downs trial in Goondiwindi on Sunday 10<sup>th</sup> and Monday 11<sup>th</sup> September.

I ask that you complete the attached **parent consent and permission/medical form** and return it to Mr Anderson or Mrs McErlean by no later than **Friday 18<sup>th</sup> August**.

We wish your son the best of luck in his endeavor to be selected in this team.

Yours Sincerely

Mr Robert Anderson  
Director of Sport/HPE

Ms Charmaine Cridland  
Acting College Principal

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**PLEASE RETURN by Friday 18<sup>th</sup> August to Mr Robert Anderson**

### **Toowoomba U/12 Cricket Trials**

I, \_\_\_\_\_ give permission for my son to attend the Toowoomba U/12 Cricket trials as outlined above. I acknowledge that I have read and fully understand the details of the trial on **Monday 21<sup>st</sup> August, 2017**.

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DARLING DOWNS REGION SCHOOL SPORT REGIONAL TRIAL PERMISSION/CONSENT FORM

**To participate in this Regional Trial, students must have this form signed by:**

- (a) Your school's authorised school delegate (principal, deputy principal or sports master) and
- (b) Parent or caregiver(s).

**PLEASE NOTE: Students must submit the completed forms listed below to the nominated District or Regional Official prior to the commencement of the regional trial. No Forms = No Trial.**

- a) Regional Trial Permission / Consent Form,
- b) Student Details / Medical History & Authorisation Form,

## **1) Parent / Caregiver Consent**

I hereby give consent for my child, to participate in the Darling Downs Region School Sport Trials during the period from the date of this agreement, up to, and including the regional trials and I hereby give permission for him/her to use such forms of transport for travelling as may be deemed necessary.

I hereby *give / do not give* permission for my child's name to appear in the regional program if one is produced & results to go on the DD School Sport website [www.ddschoolsport.eq.edu.au](http://www.ddschoolsport.eq.edu.au) for swimming, track & field & cross country championships.

I agree that, during the period of the competition in which my child participates, and during such travelling and other activities as may be deemed necessary, my child shall be under the sole direction of the person(s) duly appointed in charge of the team in which he/she is included.

I agree to meet the costs associated with participation in the trial or competition. I also agree to meet additional costs for any illness, injury, accident or unforeseen circumstances which may occur during the period of the activity in which my child participates and during such travelling and other activities as may be deemed necessary.

I acknowledge that the Department of Education and Training (Education Queensland) does not have personal accident insurance cover for students. Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school / school events 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 or caregiver. I understand that 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.

PARENT / CAREGIVER NAME (Please Print)	PARENT / CAREGIVER SIGNATURE	DATE

## **2) Student's Agreement to the Code of Conduct**

I have read and understand the above conditions and agree to abide by its conditions.

STUDENT NAME (Please Print)	STUDENT SIGNATURE	DATE

## **3) School Permission**

This is to advise that approval has been given for the following student to attend the following regional trial.

Name:	
School:	
Sport:	
Age Division:	

AUTHORISED SCHOOL DELEGATE NAME (please print)	SIGNATURE	DATE

## STUDENT DETAILS / MEDICAL HISTORY & AUTHORISATION FORM

PLAYER DETAILS			
Surname		Given Name	
Date of Birth		School Year Level	
Home Address			Postcode
Home Telephone		Mobile Telephone	
Home Email Address			
School attended			
PARENT/ GUARDIAN / CARER (1)			
Surname		Given Name	
Business Telephone		Mobile Telephone	
PARENT/ GUARDIAN / CARER (2)			
Surname		Given Name	
Business Telephone		Mobile Telephone	
ANY RELEVANT FAMILY HISTORY			
STUDENT MEDICAL DETAILS			
Do you get asthma?			
Do you suffer from any allergies or Anaphylactic reactions?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes" to <u>any</u> of the above, attach your Action Plan and list Medications taken (name,amount,frequency,etc).			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently being treated by a medical practitioner?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", write details and also list current medication (s), frequency, etc.			
Do you have an injury or condition which is likely to be aggravated by competition?			YES <input type="checkbox"/> NO <input type="checkbox"/>
If "Yes", write details:			
<b>Medicare Card Number:</b>			<b>POSITION NUMBER:</b>
Cardholder name (if not in name of student):			
Do you have Private Health Insurance? (OPTIONAL)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>MEMBERSHIP NUMBER:</b>
Name of Private Health Insurer (if covered):			
<b>Please list any other relevant medical history or additional support needs.</b>			

**NOTE:**

It is the parents'/carers' responsibility to ensure that the student is adequately covered for medical, hospital, dental and personal accident and injury insurance. The Darling Downs Region School Sport office will not accept financial liability for such expenses if they should arise. Where supervision of administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the team management.

**MEDICAL AUTHORISATION**

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 and guarantee to meet any costs incurred.

I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Signed: \_\_\_\_\_  
Parent/Caregiver

Date: \_\_\_\_\_

The Darling Downs Region School Sport Office, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 in order to share this medical history with medical professionals in the event of an accident or illness. The information will only be accessed by persons authorised by the Darling Downs Region School Sport Office, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.