



ST BRENDAN'S COLLEGE

Creating Opportunities

Rockhampton & District Trials 2017

Hockey

Age/s:	13-19 years
Venue:	Kalka Shades
Transport:	Please notify Sports Department if transport is needed and arrangements will be made.
Date:	Wednesday 22 February 2017
Cost:	\$10
Time:	9:00am – 12:00pm
What to bring:	Hat, sunscreen, water bottle and appropriate equipment.

No student will be allowed to participate without the following consent slip being fully completed, including signature and returned to the college and the relevant fee paid online or in person.

Dallas Williams
Director of Sport

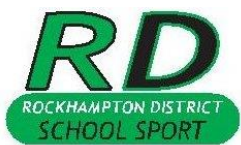
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I _____ agree that my son _____ can
(Parent/Guardian) Please print

participate in the 13-19yrs R&D Hockey trials.

Signed _____
(Parent/Guardian)

Date: _____



Parental Permission/Student Medical Information

Students Name: _____ School: _____ Date of Birth: ____/____/____

Sport Trial Attending: _____ Date of Trial: _____

Preferred Playing Positions (Please list 2 if possible): _____

Emergency Contact Name and Phone Number: _____

Student Medical Information I submit the following medical information about the above student and include details of limitations which she/he has for the activity concerned.

Does/has the student suffered from -		(detail current medication/management)	
a.	Allergies	Yes / No	_____
b.	Asthma	Yes / No	_____
c.	Blood pressure	Yes / No	_____
d.	Drug reaction	Yes / No	_____
e.	Epilepsy	Yes / No	_____
f.	Heart problems	Yes / No	_____
g.	Operations	Yes / No	_____
h.	Phobias	Yes / No	_____
i.	Recent illness	Yes / No	_____
j.	Respiratory problems	Yes / No	_____
k.	Travel sickness	Yes / No	_____
Detail any other medical /injuries / problems which may limit participation in the activity _____			
Immunisation Record -		Hepatitis B	Yes / No
		Year	_____
Other		Tetanus	Yes / No
		Year	_____
Detail any medication(s) your daughter/son/ward is currently using _____			
Does your daughter/son/ward have -			
Medicare Card	Yes / No	Card No. _____	Expiry date ____/____/____ cardholder name _____
Private Health Ins	Yes / No	With _____	Expiry date ____/____/____ cardholder name _____
		Card No. _____	Category _____

Playing history:

Principal's Declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

SIGNED: _____

(Principal or Sports Coordinator)

(Date)

Parental/Caregiver Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that teachers will provide supervision at the event.
- I understand that transport to and from the event is my responsibility and that the arrival and departure arrangements are also responsibility of the parent/caregivers unless otherwise specified.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.

SIGNED: _____

(Parent/Caregiver)

(Date)