



# Maryborough District School Sports

## **MDSS 10-12's Cluster Trial – Basketball**

The following trials are being held in Maryborough in the coming weeks.

**These trials are open to any boy or girl born in 2005 (12 yrs), 2006 (11 yrs) or exceptional 2007 (10 yrs).**

		<b>Basketball (Boys and Girls)</b>
When:		Wednesday 8 <sup>th</sup> March, 2017
Where:		<b>Maryborough Assoc. Basketball Courts,</b> Ariadne Street, Maryborough
Time:		3:45pm – 5:00pm
Equipment:	<p>Students MUST wear appropriate clothing, bring any sports specific equipment required for their sport (eg a glove for softball), bring a hat and water bottle.</p> <p><i>Please Note:</i> All students wishing to trial in any after school trial this year is required to also bring with them a completed Trial Notice. These forms need to be completed by a parent/caregiver prior to the trials in order for students to attend. (From your school)</p>	
Officials	Brady McGann (Riverside CC) Theresa Upton (Tinana SS) Denise Doyle (Tinana SS)	
WB Trials	19 <sup>th</sup> and 20 <sup>th</sup> April, Maryborough	

*Officials may need to call a second trial. Players will be notified if this is the case.*

Yours in Sport,

*Athol Butler*

*Maryborough Special School*





# Maryborough District School Sports

Ph: 4120 8777

## Event:(Name of Sport):

Player's Full Name:		Date of Birth:
Home Address:		
Home Telephone Number:	Mobile Number:	
School / College:		

If the above is a student's mobile number, the following Consent section MUST be completed.

I hereby give consent for the appointed District Team Officials to contact this number for the purpose of communicating team-related activities to this student or for contact in case of emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 1: Parental Consent

I hereby give consent for my son / daughter, ..... to take part in the Maryborough District/Wide Bay Trials. I also give my permission for him / her to use such forms of transport for travelling as may be necessary.

I agree that, during the period of the competition in which my son / daughter participates, and during such travelling and other activities as may be necessary, my son / daughter shall be under the sole direction of the person or persons appointed in charge of the team in which he / she is included.

**I agree to meet the costs associated with participation in this activity, and accept that I may incur a cancellation fee for late notification in cancelling travel bookings. I also agree to meet additional costs for any accident, illness, injury, or other unforeseen circumstances which may occur during the period of the Trials in which my son / daughter participates. This also includes the period of travel.**

Parent/ Caregiver Name:	Signature:	Date:
Student participant Name:	Signature:	Date:

## Section 2: Personal Information and Contact Details

### Parental and Emergency Contact Information

Parent's Name 1:		
Emergency Contact Numbers:	Home/Work:	Mobile:
Parent's Name 2:		
Emergency Contact Numbers:	Home/Work:	Mobile:
Another Emergency Contact (if both Parents are unavailable):		
Emergency Contact Numbers:	Home/Work:	Mobile:





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Is there any relevant Family History (non-medical) that Maryborough District School Sport or the appointed Team Officials need to be aware of during the conduct of the team activities?

**I hereby give consent for the appointed District Team Officials or Maryborough District School Sport to contact these numbers for the purpose of communicating team-related activities to the people identified above for contact in case of emergency.**

Parent signature:

Date:

## Section 3: Medical Details and Consent

Immunisation Details (Please complete and list any others as appropriate)			
Injection	Yes	No	Date of Injection
Tetanus			
Hepatitis B			

Do you suffer from asthma? Yes No

If Yes, please list medication and dosage

Do you have any Allergies? Yes No

If Yes, please list full details, including medication/ dosage

Are you currently being treated by a medical practitioner? Yes No

If Yes, please list details and any current medications and dosage.

NOTE: Please list any current medication

Are you suffering from an injury or condition which is likely to be aggravated by competition? Yes No

If Yes, please list all details

**Medicare Card Number:**

Cardholder Name (if not in name of student):

Private Health Insurance Company Name & Membership Number (if applicable):

**Please list any other relevant medical history:**

### Medical Authorisation

- I acknowledge that the Maryborough District School Sport Management Committee (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.
- Where supervision of the 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, including specific medications, their dosage and the administration of these to the student.
- 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.

Parent Signature:

Date:

### Media Consent





# Maryborough District School Sports

On behalf of the individual identified as Player on this form, I give consent to Maryborough District School Sport to use, record and disclose my child's;

- Name, image, recording and any other identifying information for the School Sport activity specified on this consent form.

Yes: Full Consent

No

Restricted to (please give details) \_\_\_\_\_

**Parent Signature:**

**Date:**

