

# GOOD COUNSEL COLLEGE

66 Owen Street, Innisfail Qld 4860



24 January 2017

Dear Parents/Guardians,

The sporting program at Good Counsel College is an important part of student development and learning.

As part of the compulsory sporting activities at the College, students participate in a variety of sports throughout the year on Thursday afternoons.

Each term, a letter will be sent home by the College to outline the different sporting opportunities for your son/daughter to choose to participate in during the term.

In Term 1, 2017 the College coaching staff will be selecting College teams in some sports in order to prepare them for District and Peninsula trials.

The selections offered in italics, reflect the sports that the College will be competing in through Term 1, and we ask that students who are keen to be considered, select the sports that they would like to represent the College in. The College has also sourced a number of external organisations to assist in providing a variety of sports for our students to participate in recreationally. Please refer to the selection box, which offers a brief explanation of each sport.

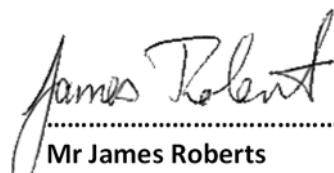
**A prompt return of forms assists the College in managing our Thursday sport program. Please mark your top three preferences in order: 1, 2, and 3.** Once preferences have been counted and allocations determined, some sports may need to be folded and the second or third preference will be given.

A permission form is also attached. Please provide the necessary medical information to assist us in providing your child a safe and enjoyable sporting environment.

**Please ensure that your son/daughter returns the completed form to the office before Tuesday the 31<sup>st</sup> January. Thursday Sport will be commencing on the 2<sup>nd</sup> February.**

If you have any questions regarding your choices, do not hesitate to contact me at the school.

  
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**Mr Jason Mifsud**  
Sports Co-ordinator

  
.....  
**Mr James Roberts**  
Principal

# SPORT SELECTIONS TERM 1 2017

**Student Name:** ..... **Year:** .....

*Please mark your top three preferences in order: 1, 2, and 3.*

<p><b><u>Laser Tag</u></b></p> <p>A team game based on communication skills, effort and initiative. The game involves self-sacrifice, planning and counter planning for a common objective, plus it is lots of fun.</p> <p><b><u>Students must wear a hat</u></b></p>	<p><b><u>Tennis</u></b></p> <p><i>(Baseline Tennis Coaching)</i>  <i>Equipment and professional coaching provided.</i>  <i>Involves Cardio Tennis along with skill training and games.</i></p> <p><b><u>Students must bring water bottle and hat.</u></b></p>
<p><b><u>PCYC</u></b></p> <p>The PCYC offers many variations, and because it is indoors, the sessions are rarely cancelled. Sports that are on offer at the PCYC are: Gymnastics, Squash, Basketball and Futsal.</p>	<p><b><u>Swimming</u></b></p> <p><i>Sport involves swim instruction, rehabilitation training and conditioning.</i></p> <p><b><u>Students must bring swimmers and towel</u></b></p>
<p><b><u>Judo</u></b></p> <p>Run by a qualified PT instructor with new and exciting workouts that are suitable for all levels.</p> <p><b><u>Drink bottles and towel must be brought to class.</u></b></p>	<p><b><u>Yoga</u></b></p> <p>Run by a qualified PT instructor with new and exciting workouts that are suitable for all levels.</p> <p><b><u>Drink bottles and towel must be brought to class.</u></b></p>
<p><b><u>Tabada</u></b></p> <p>Run by a qualified PT instructor with new and exciting workouts that are suitable for all levels. Classes will be held in F7.</p> <p><b><u>Drink bottles and towel must be brought to class.</u></b></p>	<p><b><u>Gym</u></b></p> <p>Strength and conditioning training offered in the GCC Gym.</p> <p><b><u>Drink bottles and towel must be brought to class.</u></b></p>
<p><b><u>Soccer / Touch</u></b></p> <p><i>Involves skill training and competitive games. Run on the college oval.</i></p> <p><b><u>Students must wear a hat</u></b></p>	<p><b><u>Netball</u></b></p> <p><i>Involves skill development, fitness, and game play. Round robin competition.</i></p> <p><b><u>Students must wear a hat</u></b></p>

**GOOD COUNSEL COLLEGE - FORM C**  
**PARENT INFORMATION AND PERMISSION FORM**

Your son/daughter \_\_\_\_\_ Year level \_\_\_\_\_

Has chosen to do \_\_\_\_\_ for Thursday afternoon sport, Term 1, 2017. The term involves 8 weeks of afternoon activities, where my son/daughter will agree to participate to the best of their ability. We acknowledge that if our **son/daughter cannot participate** for any **medical reason** during the term, **we will provide them with a note to clarify any problems.**

I have read the information letter and noted any dress and other requirements. I agree to delegate my authority to the College staff involved. Such staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above-mentioned activity. Application of school rules will apply.

I also authorise the teacher(s) to obtain medical assistance that they deem necessary should an accident or injury occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

**Signed:** \_\_\_\_\_ (parent/guardian) Dated / /

**MEDICAL INFORMATION**

Is there any medical reason to prevent your child from participating in any of the activities outlined in the information sheet?

Yes                      No

If **YES**, give details:

\_\_\_\_\_

Name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

		<i><b>DETAILS</b></i>
Heart Problems	Yes/No	
Respiratory Problems/Asthma	Yes/No	
Allergies	Yes/No	
Travel Sickness	Yes/No	
Blood Pressure	Yes/No	
Epilepsy	Yes/No	
Phobias	Yes/No	
Diabetes	Yes/No	
Operations	Yes/No	
Date of most recent anti-tetanus injection	Date:	
Recent Illness	Yes/No	
Drugs Required	Yes/No	
Drug Reactions e.g. penicillin allergy	Yes/No	
Other relevant information	Yes/No	
Ambulance	Yes/No	
Dietary Requirements (if any)	Yes/No	

Is there any additional information teachers / supervisors should be aware of?

**EMERGENCY CONTACTS** should be available to collect the student should the need arise.

<b>EMERGENCY CONTACTS</b> NAME: ADDRESS: TELEPHONE NO/S	NAME: ADDRESS: TELEPHONE NO/S
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**Signed:** \_\_\_\_\_ Dated \_\_\_\_\_  
Parent/Guardian