

Permission to Participate / Parental Consent Form



| PENINSULA SCHOOL SPORT TEAM: | | | | | | |
|--|---|--|--|--|--|--|
| I accept the invitation for my son / daughter, | e invitation for my son / daughter, to trial for a place in | | | | | |
| , , | son / daughter to take part in any activity arranged by, or give my permission for him / her to use such forms of | | | | | |
| I agree: | | | | | | |
| 1. That my son/daughter, in accepting a position in the Peninsula School Sport Team, will commit to full participation in the team's program (withdrawal without notice may result in exclusion from future regional teams) | | | | | | |
| 2. 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. | | | | | | |
| 3. 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 (the costs will usually be in the vicinity of \$700 – \$900 unless held in the North and payment is usually required within 2 weeks of selection. Students who do not pay by the due date may be replaced without notice). | | | | | | |
| 4. To meet additional costs for any accident, illness, injury, or other unforeseen circumstances which may occur during the period of the activity in which my son / daughter participates. This also includes the period of travel. | | | | | | |
| 5. That Peninsula Team Members may be expected | to assemble or train outside school time | | | | | |
| I have read the Team Member's Code of Conduct, understand its contents and conditions, and accept the parental responsibilities contained therein. I have also read the Codes of Conduct for Parents and Spectators and agree to respect and abide by those codes. | | | | | | |
| Available for selection: YES / NO | | | | | | |
| Signed By: | (Parent/ Caregiver name) | | | | | |
| Signature: | Date: | | | | | |
| Student's Agreement to the Code of Conduct | | | | | | |
| I [] | have read and understand the Team Members' Code of | | | | | |
| Conduct and agree to abide by its conditions. | | | | | | |
| Signature: | Date: | | | | | |



Principal Approval Form (Student Bona-fide)



School Stamp

| I hereby certify that | who has been invited to | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Trial for a place in the Peninsula Team is enrolled as a student at this school. I further declare that the school has confidence that the student can abide by the Peninsula School Sport Team Members' Code of Conduct (attached), and I have no hesitation in recommending the student as one who merits selection in the team. | | | | | | | | |
| I understand that the Terisk assessments prior to | eam Coach, Team Manager and Event Coordinator will complete this event. | | | | | | | |
| I hereby consent to the student's participation in the team. | | | | | | | | |
| Student Date of Birth: | | | | | | | | |
| | | | | | | | | |
| Principal's Signature: | Date: | | | | | | | |
| School: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



Student Details Form



| Player Details | | |
|----------------------------|---|--|
| Surname | Given Name | |
| Date of Birth | | |
| Home Address | | |
| | | PostCode |
| Home Telephone | Mobile Telephone | |
| Contact Email | | |
| School attended | | |
| | | |
| Parent / Caregiv | er 1 | |
| Surname | Given Name | |
| Home Address | | |
| (If different to Player's) | | PostCode |
| Home Telephone | Mobile Telephone | |
| Contact Email | | |
| Business Address | | |
| | | PostCode |
| Business Telephone | Mobile Telephone | |
| | | |
| Parent / Caregiv | er 2 | |
| Surname | Given Name | |
| Home Address | | <u> </u> |
| (If different to Player's) | | PostCode |
| Home Telephone | Mobile Telephone | |
| Contact Email | | |
| Business Address | | <u>, </u> |
| | | PostCode |
| Business Telephone | Mobile Telephone | |
| | | |
| Contact Person | (When parent/caregiver cannot be contacted) | |
| Surname | Given Name | |
| Home Address | | |
| | | PostCode |
| Home Telephone | Mobile Telephone | |
| Contact Email | | |
| Business Address | | <u>, </u> |
| | | PostCode |
| Business Telephone | Mobile Telephone | |

Any Relevant Family History / Additional Support (e.g. signing)

Peninsula School Sport, 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 for the purpose of contacting you in regard to your child's participation in a Peninsula/Queensland School Sport Event. The information will only be accessed by persons authorised by Peninsula School Sport, 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.



Surname

Student Medical History and Authorisation Form



| Given Name | | | | | | |
|---|---------------------------------------|------------------------|-------------------------|-------------------|-------------|--|
| Immunisation Details (Please | complete List others | s as appropriate) | | | | |
| Injection | Yes | No | Date of | Date of Injection | | |
| Tetanus | 100 | 110 | Date of | , | •• | |
| Hepatitis B | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | |
| | • | · | | T | | |
| Do you get asthma? | | | | Yes Yes | No | |
| Is your asthma, Exercise induced asthma? If Yes to any of the above, list medication and attach Action Plan. | | | | | No | |
| if res to any of the above, list med | ilcation and attach A | Clion Flan. | | | | |
| Do you suffer from Anaphylactic re | actions? | | | Yes | No | |
| | | | | | | |
| If Yes list medication and attach Ad | ction Plan | | | | | |
| Are you currently being treated by | a medical practitions | or? | | Yes | No | |
| Are you currently being treated by | a medical practitions | 51: | | 100 | 110 | |
| If Yes list details. NOTE: Please I | ist any current medic | cation. | | | • | |
| | | | | T., | 1 | |
| Do you have an injury or condition | which is likely to be | aggravated by compet | ition? | Yes | No | |
| If Yes list details | | | | | | |
| | | | | | | |
| M. P O IN. | | | 15 | | | |
| Medicare Card No | | | Position No. | | | |
| Cardholder Name (if not in name of | · · · · · · · · · · · · · · · · · · · | | | | | |
| Private Health Insurance Company | Name (if covered) | | | | | |
| Private Health Insurance Membersh | nip Number | | | | | |
| Please list any other relevant me | ndical history or ad | Iditional support poo | de | | | |
| Flease list any other relevant me | edical filstory or ad | iditional support need | us | | | |
| | | | | | | |
| | | | | | | |
| NOTE: | | | | | | |
| It is the parents' responsibility to e | nsure that the stude | nt is adequately cover | ed for Medical. Hospi | tal. Dental | and | |
| Personal Accident & Injury Insurar | | | | | | |
| they should arise. Where supervis | | | | | ay from | |
| home, parents will need to docume | ent details in separa | te correspondence to t | he Team Manageme | nt. | | |
| Medical Authorisation | | | | | | |
| | | | | | | |
| I hereby authorise the obtaining event of accident or illness and g | | | as my son/daughter | may requ | iire in the | |
| I authorise the administering of a | | - | ne medical officer atte | ending. | | |
| - | | | | - | | |
| Signed: | Caregiver) | Date: | | | | |
| (rarenv | Garegiver) | | | | | |

Peninsula School Sport, 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 Peninsula School Sport, 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.



Students Code of Conduct



This code of conduct sets out what is expected of students, parents and spectators in terms of participating in Peninsula School Sport (PSS) events, and the range of consequences for not honouring the code.

STUDENTS

Good sportsmanship

- As a representative of your school you must obey your school's Behaviour Management Plan during and around fixtures, and while billeted.
- Be a good sport, play for enjoyment
- Compete according to the spirit and rules of the competition. Accept the Judge, Referee's or Umpire's decision.
- Control your behaviour and temper on and off the field Do not criticise by word or gesture.
- Treat all team mates and opponents as you would prefer to be treated yourself.
- Work equally hard for yourself and your team your team's performance will benefit and so will your own.
- Be a good sport. Encourage and support your own team members.
- Co-operate with your coach and team mates. Show respect for your opponents and their skills.
- Be friendly to all participants.
- The use of alcohol, tobacco and non-prescribed drugs is not permitted. Any Illegal behaviour will be referred to the police.

As a billeted guest

- Make your own bed, help wash your own clothes, help with household chores.
- Be courteous.
- Advise your billets when and where you will be. If delayed contact your host immediately.
- Social activities other than those organised by team managers or host centres are not permitted.
- Pay for phone calls don't borrow money.
- Respect the wishes and routine of your billeting family.
- Be responsible you are representing your family, your school, your Region or your State.
- Bring a small gift for your billeting family or write a letter of thanks.
- Remember to say "Please" and "Thank you".

As a guest in motels, colleges, dormitories, caravan parks, surf clubs etc.

- Check for any damage to premises on arrival and notify Team Manager.
- Keep your room tidy make your bed, help with chores.
- Request the permission of the Team Manager before leaving the accommodation area.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Always move in pairs where toilets/shower/laundry facilities are away from sleeping areas.
- Mixed gender sharing of rooms is not permitted.

Consequences for student breaches of this code

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents' cost. The PSS Board is responsible for imposing longer term consequences such as suspension from representative sport for up to two years,

Furthermore, the PSS Board may provide a report to your school and you may be subject to discipline in accordance with the *Education (General Provisions) Act 2006* (EGPA).

Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.



Parents / Spectators Code of Conduct



PARENTS / SPECTATORS CODE OF BEHAVIOUR

- Encourage participation by children.
- Provide a model of good sportsmanship for your child to copy.
- Demonstrate appropriate social behaviour —do not ridicule or yell at a child for making a mistake or losing a game. Provide positive comments that are motivational.
- Be courteous in your communication with players, team officials, game officials and sport administrators. Do not use foul or offensive language or make threats of any kind.
- Refrain from taking photographs which may cause students embarrassment. Do not take inappropriate or indecent photographs of students.
- Let game officials conduct events without interference. If there is a disagreement, follow the appropriate and correct procedure in order to question the decision and teach children to do likewise. (Must go through the Manager).
- Encourage and support honest effort, skilled performance and team play with generous applause.
- Remember children play for their enjoyment not yours. Don't let your behaviour detract from their enjoyment.
- Demonstrate respect for opposing players and their supporters. Without them there would be no game.
- Make new parents feel welcome.
- In accordance with School Sport Australia's policy don't smoke or drink alcohol at school sporting venues.
- Recognise the value of volunteer coaches and officials, They give their time and resources to provide recreational activities for the children and deserve your support.

Consequences for parent / spectator breaches of this code

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. The PSS Board is responsible for imposing longer term consequences such as written warnings or barring attendance at future events for a period or indefinitely.

Parents and spectators will be afforded natural justice in respect of breaches of this code.

Parents and spectators should also note that where fixtures are held on State School premises, the offence provisions under the EGPA apply and offenders' actions may be referred to police for action.