**2022 Gympie District Sport Trials Nomination form**

**Clusters 1, 2 & 3**

**Student Name: Parent Name:**

**Date of birth: Parent Signature:**

**Email: Cost: $3 per sport**

|  |  |  |
| --- | --- | --- |
| Sport 9:30am – 12 noon | Age | Boy/Girl |
| Cluster 1 - (9th February 2022)  (ONLY SELECT ONE SPORT PER CLUSTER) |  |  |
| SOFTBALL 13-19 Yrs old (PAPER NOMINATION) |  |  |
| TENNIS 13-19 Yrs old |  |  |
| AFL 13-15 Yrs old Boys/Girls |  |  |
| GOLF (NOMINATION ONLY) (SCORECARD/HANDICAP REQUIRED) |  |  |
| RUGBY UNION 15/18 Yrs old (PAPER NOMINATION)  (BOYS ONLY) |  |  |
| 10 – 12 yr old Touch Football Girls/Boys |  |  |
| 10 – 12 yr old Basketball Girls/Boys **After school** 3:30 - 5 |  |  |
| Cluster 2 - (2nd March 2022)  (ONLY SELECT ONE SPORT PER CLUSTER) |  |  |
| RUGBY LEAGUE 14-15/18 YO |  |  |
| FOOTBALL/SOCCER 15/19 YO |  |  |
| NETBALL 15/19 YO |  |  |
| BASKETBALL 15/19 YO |  |  |
| SQUASH 10-19 YO |  |  |
| SURFING (PAPER NOMINATION ONLY) |  |  |
| 10 – 12 yr old Netball |  |  |
| 10 – 12 yr old Hockey Girls/Boys |  |  |
| 10 – 12 yr old U12 Rugby League Boys |  |  |
| 10 – 12 yr old Soccer Girls/Boys |  |  |
| 10 – 12 yr old Tennis Girls/Boys |  |  |
| Cluster 3 - (16th March 2022)  (ONLY SELECT ONE SPORT PER CLUSTER) |  |  |
| TOUCH 15/18 YO |  |  |
| HOCKEY 13-19 YO |  |  |
| VOLLEYBALL 15/19 |  |  |
| 10 – 12 yr old Softball Girls/Boys |  |  |
| 10 – 12 yr old AFL Girls/Boys |  |  |

**$3 nomination** fee per sport

**Payment to be made at the finance desk in the main administration building by Monday 7th February**.

Please ensure you have your permission form with you for processing.

Any queries please email Ms Stoddart on cnsto0@eq.edu.au

**No late entries will be accepted**

**A bus will be provided to attend the District Cluster Trials**

**Consent**

By signing this form I agree that:

* I have read all of the information contained in this form in relation to the activity (including any attached material)and I am aware that the Department ofEducation and Training does not have personal accident insurance cover for students.
* I have given consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the **cluster sport trials chosen above on the scheduled dates.** I will pay to the school the costs detailed above for my child’s participation in the activity.
* In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child’s doctor.
* I accept liability for all reasonable costs incurred by the Department of Education and Training in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the Department of Education and Training the full amount of those costs.
* I have provided the school all relevant details of my child’s medical or physical needs on enrolment and where relevant have updated this information.
* Parent/Carer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Carers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Additional medical information**

The school collected medical information about your child at enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child’s full participation in the activity described in the form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You may also wish to provide the following information\*:**

Name of child’s medical practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare No:. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Insurance Company (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Membership No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If an enrolment form for your child has been completed or updated since October 2012 this information will already be recorded in OneSchool.

I would like this additional information about my child’s medical information to be recorded in OneSchool records.

**COVID-19 Risk Mitigation –** *MUST be completed for your student to be able to attend this activity.*

* I declare my student/s will not attend any declared covid-19 hotspots in the 14 days prior to this programme taking place.       Yes       No
* I declare my student/s will not attend this excursion should they feel unwell. I understand that should my student arrive for the programme displaying symptoms of illness, the supplier/teachers reserve the right to turn my student away.       Yes       No
* I give consent for my child's name to be given to businesses visited during this activity in compliance with the Queensland Chief Health Officer's ***Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor)***.       Yes       No

**Refund Guidelines for Excursions and Camps**

At James Nash State High School, we are committed to providing a safe and supportive learning environment for students, staff and volunteers. This commitment includes the health and safety of staff and students when conducting curriculum activities in the school or in other locations.

School excursions and camps enhance a student’s learning by providing opportunities for the student to participate in activities, both curriculum-related and recreational, outside the normal school routine. All planned school excursions are approved by the Principal and endorsed by the Parents and Citizens Association.

State schools are able to charge a fee for:

* An educational service including materials and consumables not defined as instruction, administration and facilities for the education of the student;
* An education service purchased from a provider other than the school where the provider charges the school; and
* A specialised educational program.
* A school fee is directed to the purpose for which it is charged.

School fees for excursions and camps are calculated on a cost recovery only basis, according to the number of students who have indicated their attendance.

Participation of students in an excursion or camp is indicated through payment of the excursion or camp fee and provision of a permission form completed by the parent/carer.

As the school budget cannot meet any shortfalls in funding for an excursion or camp due to the subsequent non-participation of a student who had previously indicated attendance of the activity, fees already paid for an excursion or school camp may be refunded in full or in part or not at all, having regard to the associated expenses incurred and the circumstances of the non-participation.

If a parent/carer wishes to apply for a refund due to their child’s non-participation in an excursion or camp activity, they may do so by completing a Request for Refund form available from the school office. Where possible, the request should include the receipt relating to the payment for which a refund is being sought.

It is preferred that refunds be made as a credit against the student’s account at the school, and used for any cost in the future.

Department of Education and Training policy references:

* Education (General Provisions) Act 2006
* SCM-PR-002: School Excursions
* FNM-PR-019: State Education Fees

***Privacy Notice***

*The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:*

*- obtain lawful consent for your child to participate in the activity;*

*- help coordinate the activity;*

*- respond to any injury or medical condition that may arise during, or as a result of the activity; and*

*- update school records where necessary.*

*The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld).*

*The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.*

**Activity Risks & Insurance**

Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.