

RYDE PSSA OPEN RUGBY UNION TRIALS

PERMISSION TO PLAY RUGBY UNION

The Principal

..... **Public School**

I give permission for my child or ward :to play Rugby Union as part of the school sport program of the school. If my child is selected to participate in representative games and trials at the zone and area level and then I agree / disagree that my child participate. (strike out which is not applicable).

While I appreciate the efforts made by the school to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport.

I am aware of the position that my child / ward will be playing at the trials.

Under no circumstances should my child / ward be allowed to play / trial in the following positions:

.....

Signed:.....**Parent / Guardian** **Date:**.....

DETACH AND TAKE TO TRIALS

I give permission for **of** **School to** attend the Ryde Zone Trials for Rugby Union on 7th May, 2018 at Ryde Park. I understand that students are responsible for making their own way to and from the venue. To the best of my knowledge he / she has no medial condition, physical disability or injury which puts him / her at risk in participation in the sport.

Signed:

Parent

School Principal

Dated: **Dated:**



Ryde PSSA SPORT TRIALS

STUDENT PERMISSION / INFORMATION NOTE

SPORT TRIALS:	RUGBY UNION
DATE:	Monday 7 th May 2018
VENUE:	Ryde Park
TIME:	9:15am – 10:45am
COST:	nil
TRIALS CONVENER:	Ben Monaghan
SCHOOL:	Hunters Hill Public School
PHONE:	9816 4404
FAX:	9879 4049

1. Student Details (Please print clearly)

Boy / Girl (please circle)

Full Name: _____ Parent / Caregiver Full Name: _____

Address: _____ Postcode: _____ Current Yr at School: Year _____

Date of Birth: _____ School: _____ Age Turning this Year: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

2. Medical Details

Medicare Number: _____ Expiry Date: _____ The date of my child's last tetanus injection was: _____

My child is allergic to: _____

Any other medical details or special needs which the team manager might need to know: _____

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education and Communities for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required. Personal accident insurance cover is available through normal retail insurance outlets. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from: www.sportinginjuries.com.au Parents who have private ambulance cover to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate. Further information regarding student accident insurance and private health cover is provided at: http://www.sports.det.nsw.edu.au/spguide/activities/general/med_insurance.php

3. Travel Details Tick (✓) the appropriate box.

My child WILL travel privately with _____ to and from the Trial.

Contact Number: _____

4. 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 permission note will be retained by my school.

SIGNED: _____
(Principal)

(Date)

NOTED BY: _____
(Sports Organiser)

5. Parental 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 the responsibility of the parent/caregivers unless otherwise specified.
- I have sighted the enclosed Code of Behaviour and agree that if my child/ward seriously contravenes behavioural expectations, he/she may be immediately excluded from the team.
- I understand in having a child/ward represent this Association, I may be asked to billet a visiting student in the future.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, of an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist team management at the Carnival and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.

SIGNED: _____
(Parent/Caregiver) (Date)

6. Further Relevant Information

PLEASE NOTE:

*****Return this completed 'Sports Trial Student Permission/Information Note' to your School Sports Organiser in order that the 'Principal's Declaration' section might be completed and a copy of the form retained at the school.***

*****You are required to take this completed note to the Sports Trial.***