BAYSIDE DISTRICT SCHOOL SPORT

For further information, please contact the Sports Coordinator at your school.

Bayside School Sport Standard Trial Form
10-19 Years

Sport: _____

Age Group: _____ **Gender:** _____

Trial Date & Time: _____ **Venue:** _____

NB: All students attending the Bayside District trial should have had previous playing experience in the sport and discussed their suitability towards trialling with Sports Coordinator at their school.

Students attending the District trial must be able to compete at the Metropolitan East Regional Trial.

Student Details

To be completed by parent/guardian of all students participating in District and Regional Sport.

SURNAME: _____ FIRST NAME: _____

HOME ADDRESS: _____

SCHOOL: _____ DATE OF BIRTH: _____

Parent / Guardian / Carer 1: _____ PHONE: _____

Email: _____

Parent / Guardian / Carer 2: _____ PHONE: _____

Parental Consent & Authority to Share

I hereby give my consent for my son/daughter _____
to participate in any trial/competition/training conducted by Bayside District School Sport.

I understand that mouth protection is mandatory in the following sports: AFL, hockey, rugby league, rugby union, team handball and water polo*. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection I/my child will wear whilst playing this sport.*

I consent for authorised Department of Education and Training employees to share:

- My personal details, and
- The individual's personal details and medical history

with relevant medical professionals in the event of accident or illness or as required by law.

Parent/Care Giver Signature: _____ Date: / /

To be completed by parent/guardian of all students participating in the school sports program

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Medical Conditions

Please indicate below any known medical conditions relevant to the above named student. In those instances where there is a "YES" response, please describe the nature of the problem or provide a letter from your doctor.

Medical Conditions	YES / NO	Additional Comments
Heart Problems	○ ○	
Blood Pressure	○ ○	
Respiratory Problems (other than Asthma)	○ ○	
Asthma (Is Asthma exercise induced?)	○ ○	**If Yes, list medication and attach Action Plan**
Epilepsy	○ ○	
Operations	○ ○	
Allergies	○ ○	
Anaphylactic Reactions	○ ○	**If Yes, list medication and attach Action Plan**
Drug Reactions	○ ○	
Recent Illness / Injuries	○ ○	
Current Medication	○ ○	
Other	○ ○	
Date of most recent Tetanus injection	/ /	
Medicare Card Number		
Cardholder Name (if not in name of student)		
Private Health Insurance Company Name (if covered)		
Private Health Insurance Membership Number		

Do you have **Personal Accident & Injury Insurance** cover against accident/injury for competitions and associated activities (training, travel, etc.) *Your attention is drawn to the fact that Bayside District carries no insurance cover against accident or injury during competition and/or associated activities (eg, travel, training)*	Yes ○	No ○
I acknowledge the fact that Bayside District School Sport carries no insurance cover against accident/injury during trial/competition/training and associated activities. I also understand that whilst at the trial/competition/training, my son/daughter is under the control of the District officials.	Yes ○	No ○

Personal Accident & Injury Insurance Company Name	
Please list any other relevant medical history	

The information given above is true and correct to the best of my knowledge. 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 cost incurred. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

Parent/Care Giver Signature: _____ Date: / /

Email: _____