



The Rockhampton
Grammar School
Established 1881

TIC, Tamara Giles: tgiles@rgs.qld.edu.au

Every opportunity. Every student. Every day.



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Dear Parent/ Guardian,

Your child has expressed a desire to represent The Rockhampton Grammar School by participating in a competition team for **Sport Aerobics in 2017**.

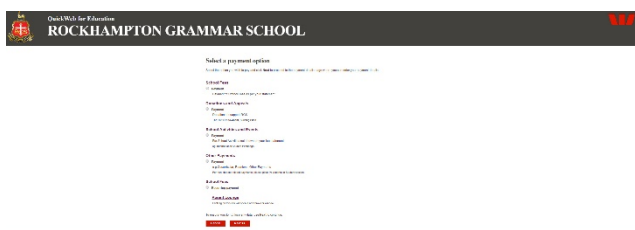
Training has already commenced and students have been provided with an opportunity to test their aptitude for this highly competitive sport.

In order for your son/daughter to nominate for a team, for the first of **two events: The State Competition from 11 to 13 August 2017**, you are required to pay a **deposit of \$1000 by Monday 20 March 2017** and to sign **the three permission forms and medical form** contained in this booklet (four forms in total). This initial payment will be held in credit and used for securing **flights and accommodation, purchase of representative leotard** (if necessary) **and School co-curricular shirt and booking fees for this event**.

The remainder of this deposit, should there be any, will be held in trust for each student and used towards the **National finals from 20 to 21 September 2017** should they qualify. **Please note:** For your son/daughter to attend the National Finals additional costs may be incurred to travel to compete in this prestigious competition.

In order to be transparent prior to your son/ daughter signing up for a team we wish to advise that competitors in previous years *paid in the vicinity of \$2000* over the competitions to compete with incredible results that I am sure they felt were worth the outlay.

Payments can be made via the school's website. Select 'Make a Payment' link on the homepage. Under "School Activities and Events" fill out the required fields and click next to continue through the process (as displayed below).



We also need to stress that while parents are very welcome to attend all of the competitions and stay close to the students while they are away, the School will only be organising flights to and from the competitions, accommodation and the itinerary for the students under their care. It is, however, an expectation that students will travel to and from the competition with the coach and will be charged for this regardless.

Gymnastics Australia regulations require the athletes to compete in **plain white (no logos or colours), aerobic/fitness shoes**.

The shoes need to have adequate shock absorption, a flexible mid sole and a rigid heel to cater for the high intensity demands of the sport and to prevent the competitors from getting injuries.

You are welcome to buy any brand of shoe fitting the above specifications. Below is a picture of what the recommended shoe should look like.



Another suitable shoe that may be purchased is the **Reebok Princess Q310 Women's Walking Shoes**, for around \$100. Rockhampton Stores: *Amart All Sports* and *Intersport Warehouse* are stockists of this shoe; however, they can also be bought online from the Rebel Sport or Reebok websites.

Should you have any queries regarding Sport Aerobics please do not hesitate to contact myself on (07) 49360657 or email tgiles@rgs.qld.edu.au.

Yours faithfully

Tamara Giles
TIC Sport Aerobics



Form 1

Co-Curricular Parent Consent Form

| | | |
|---|---------------|-----------------|
| Student Name: | Form - | D.O.B. - |
| Co-Curricular Activity: Sport Aerobics | | |
| Season Date/s: 2017 | | |

I/we, the parent/s or guardian/s of the student named above, give permission for him/her to participate in the activities named above at the times noted.

I/We delegate my/our authority to the staff and instructors involved. Such teachers and instructors 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.

I/We also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident or injury occur and agree to pay all medical and dental expense incurred on behalf of the above student.

I/We submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I/We further legally authorise qualified medical practitioners to administer any anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I/We give my/our consent for the above student's doctor or medical specialist to be contacted in an emergency.

INFORMATION:

| | |
|--|---------------|
| Is your child fit to take part in all the activities planned? | YES/NO |
| If NO, please supply details: | |

| |
|--|
| Emergency contact name for the period of the activity: |
| Emergency contact numbers for the period of the activity: |

| |
|---|
| Please provide any extra information if you deem it necessary: |
|---|

INSURANCE:

Students of The Rockhampton Grammar School are covered by Aon's Platinum [Student Accident Protection Plan](#) (please refer to the School Website – Our School – School Policies, for more information).

The plan is designed as an additional cover to private medical insurance policies and it should not be relied upon as the sole medical insurance policy for a student. It is not a travel insurance policy.

I/We declare that this information is accurate to the best of my knowledge.

SIGNATURE

| | | |
|------------------------------|-------------------|--------------|
| Father/Guardian Name: | Signature: | Date: |
| Mother/Guardian Name: | Signature: | Date: |



Form 2

2017 Aeroskools State Championships 11-13 August

| | | |
|---|---------------|-----------------|
| Student Name: | Form - | D.O.B. - |
| Co-Curricular Activity: 2017 State Championships, Brisbane | | |
| Date/s: 11 – 13 August 2017 | | |

I/we, the parent/s or guardian/s of the student named above, give permission for him/her to participate in the activities named above at the times noted.

I/We delegate my/our authority to the staff and instructors involved. Such teachers and instructors 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.

I/We also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident or injury occur and agree to pay all medical and dental expense incurred on behalf of the above student.

I/We submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I/We further legally authorise qualified medical practitioners to administer any anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I/We give my/our consent for the above student's doctor or medical specialist to be contacted in an emergency.

INFORMATION:

| | |
|--|---------------|
| Is your child fit to take part in all the activities planned? | YES/NO |
| If NO, please supply details: | |

| |
|--|
| Emergency contact name for the period of the activity: |
| Emergency contact numbers for the period of the activity: |

| |
|---|
| Please provide any extra information if you deem it necessary: |
|---|

INSURANCE:

Students of The Rockhampton Grammar School are covered by Aon's Platinum [Student Accident Protection Plan](#) (please refer to the School Website – Our School – School Policies, for more information).

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I/We declare that this information is accurate to the best of my knowledge.

SIGNATURE

| | | |
|------------------------------|-------------------|--------------|
| Father/Guardian Name: | Signature: | Date: |
| Mother/Guardian Name: | Signature: | Date: |



Form 3

2017 Aeroskools Australian Aerobic Gymnastics Championships 20-21 September

| | | |
|---|---------------|-----------------|
| Student Name: | Form - | D.O.B. - |
| Co-Curricular Activity: 2017 Australian Championships, Bendigo | | |
| Date/s: 20-21 September 2017 | | |

I/we, the parent/s or guardian/s of the student named above, give permission for him/her to participate in the activities named above at the times noted.

I/We delegate my/our authority to the staff and instructors involved. Such teachers and instructors 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.

I/We also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident or injury occur and agree to pay all medical and dental expense incurred on behalf of the above student.

I/We submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I/We further legally authorise qualified medical practitioners to administer any anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I/We give my/our consent for the above student's doctor or medical specialist to be contacted in an emergency.

INFORMATION:

| | |
|--|---------------|
| Is your child fit to take part in all the activities planned? | YES/NO |
| If NO, please supply details: | |

| |
|--|
| Emergency contact name for the period of the activity: |
| Emergency contact numbers for the period of the activity: |

| |
|---|
| Please provide any extra information if you deem it necessary: |
|---|

INSURANCE:

Students of The Rockhampton Grammar School are covered by Aon's Platinum [Student Accident Protection Plan](#) (please refer to the School Website – Our School – School Policies, for more information).

The plan is designed as an additional cover to private medical insurance policies and it should not be relied upon as the sole medical insurance policy for a student. It is not a travel insurance policy.

I/We declare that this information is accurate to the best of my knowledge.

SIGNATURE

| | | |
|------------------------------|-------------------|--------------|
| Father/Guardian Name: | Signature: | Date: |
| Mother/Guardian Name: | Signature: | Date: |

Form 4

Excursion medical information

| | | |
|----------------------|---------------|-----------------|
| Student Name: | Form - | D.O.B. - |
|----------------------|---------------|-----------------|

CONTACTS:

| | | |
|------------------------|---------|--|
| MOTHER/GUARDIAN NAME | ADDRESS | PHONE No. Home: Work: Mobile: |
| FATHER/GUARDIAN NAME | ADDRESS | PHONE No. Home: Work: Mobile: |
| FAMILY DOCTOR / CLINIC | ADDRESS | PHONE No. |
| MEDICAL SPECIALIST | ADDRESS | PHONE No. |

STUDENT HEALTH INFORMATION:

| MEDICAL CONDITIONS | YES/NO | DETAILS |
|-------------------------|--------|---------|
| 1. Epileptic fits | | |
| 2. Any form of mild fit | | |
| 3. Heart abnormalities | | |
| 4. Asthma | | |
| 5. Allergies | | |
| 6. Croup | | |
| 7. Diabetes | | |
| 8. Kidney problems | | |
| 9. Blood disorders | | |
| 10 Discharging ears | | |

| | | |
|--|--|--|
| 11 Severe headaches | | |
| 12 Bed wetting | | |
| 13 Sinusitis | | |
| 14 Travel sickness | | |
| 15 Drug reaction (e.g. penicillin allergy) | | |
| 16 Other information (hearing, sight defects, etc) | | |
| 17. Special Dietary Requirements | | |

SERIOUS INJURIES (eg. broken bones, dislocations, operations in the past 2 years)

PRESENT MEDICATIONS

| Medication Name | Dose | When taken | How taken | Side effects |
|-----------------|------|------------|-----------|--------------|
| | | | | |

IMMUNISATIONS

| | |
|---|--------|
| Has the student received a completed course of Tetanus Toxoid immunization? | Yes/No |
| Date of last booster (Check details with doctor if uncertain.) | |

MEDIBANK/HEALTH FUND - If the student is a member of any private medical benefit fund, give details:

| FUND NAME | BENEFIT TABLE | MEMBERSHIP NUMBER |
|-----------|---------------|-------------------|
| | | |

MEDICARE

| | |
|-------------------------------------|----------------------|
| STUDENT NAME (as per Medicare Card) | STUDENT MEDICARE NO. |
| | |

The School will treat the information requested on the student health information sheet as confidential. The information is sought in order to protect and assist the student so that the activities may be safe and enjoyable.