



# The Rockhampton Grammar School

## Registration Form

<b>Player's Full Name:</b>	<b>Date of Birth:</b>	<b>Year Level:</b>
----------------------------	-----------------------	--------------------

I/we, as the parent/s or guardian/s of the student named above give him or her permission to participate in the co-curricular activity named below:

<b>Club Name: Girls Football</b>
<b>Season/Competition: Rockhampton District School Sport Term 3 Thursday Afternoons</b>

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 expenses incurred on behalf of the above student.

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

The information given is accurate to the best of my/our knowledge.

My contact details are as follow:

<b>Postal Address:</b>	
<b>Home Phone:</b>	<b>Mobile Phone:</b>
<b>Fax:</b>	<b>Email:</b>

### SIGNATURE

<b>Guardian Name:</b>	<b>Signature:</b>	<b>Date:</b>
-----------------------	-------------------	--------------

**Please pay via Electronic Funds Transfer the Registration Fee of \$20 to the RGS Football Bank**

**Account: Payments are due by Thursday 15<sup>th</sup> June.**

**Team nominations will be based on paid and registered players.**

**Bank: WESTPAC**

**BSB: 034-210**

**Account Number: 426072**

**Please use your son's Name and Grade as a reference** so that we can receipt your payment effectively.  
For Example John Smith Grade 7 – JohnSmithYr7..

**Please return the Parent Consent Form and Printed Receipt of EFT Payment via email or post to:**

**Mrs. Trudi Stacey,  
RGS Sports Registrar**

The Rockhampton Grammar School, Archer Street, Rockhampton, Qld., 4700.

Email - [sportsregistrar@rgs.qld.edu.au](mailto:sportsregistrar@rgs.qld.edu.au)

Ph – 07 49 360 619

**PLEASE NOTE CASH AND CHEQUES WILL NOT BE ACCEPTED**

**EMERGENCY CONTACTS:**

PARENT OR GUARDIAN	PHONE No. (HOME)	PHONE No. (Mobile / Work)
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.

**INSURANCE:** Students of The Rockhampton Grammar School are covered by Willis Towers Watson's Student Accident Insurance (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. 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.