**South Coast School Sport**

**2015**

**STANDARD PERMISSION / DETAILS BOOKLET**

NB. **This document must be used for all levels of representative sport in the South Coast School Sport Region.** (ie. District Trials, Regional Trials & State Championships)

NB. To avoid duplication this document will be passed on by the appropriate officials from one level to the next level as student's progress through the representative sport program.

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<table>
<thead>
<tr>
<th><strong>STUDENTS / PARENTS AND GUARDIANS</strong></th>
<th>(Please complete the appropriate sections as required)</th>
</tr>
</thead>
</table>

**PART A**
(All to complete)

| **Student’s Name:** | |
| **School:** | |
| **Date of Birth:** | Male / Female |
| **Sport:** | |

**PART B**

This section will need to be completed for all students trialling for **District** or **Regional Teams**

Includes: Authority & Consent Form; Parental Consent Form; Student Details Form; Medical Details Form; Project Consent Form, Code of Conduct

**PART C**

This section will only need to be completed if you are selected in a **Regional Team**

Includes: Accommodation & Billet Request Form

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**Forms are to be returned to:**

**Due Date of Forms:**

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**SOUTH COAST SCHOOL SPORT**
PART B

This section will need to be completed for all students trialling for **DISTRICT** or **REGIONAL TEAMS**

Includes:

- Authority & Consent Form
- Availability/Non Availability for Selection
- Parental Consent Form
- Student Details Form
- Medical Details Form
- Mouthguard Form (if applicable)
- Project Consent Form
- Code of Conduct
**AUTHORITY & CONSENT FORM - 2015**

(To share personal details and medical history)

<table>
<thead>
<tr>
<th>STUDENTS NAME :</th>
<th>SEX :</th>
<th>MALE / FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF BIRTH :</td>
<td>SCHOOL :</td>
<td>AGE LEVEL :</td>
</tr>
</tbody>
</table>

### 1. CONSENT GIVEN

On behalf of the individual identified on this consent form, the individual, the person or persons signing this Consent Form (the Signatory)* grant consent to the Department of Education and Training (the Department) and relevant medical professional in the event of accident or illness to use, record and disclose the individual’s:

- Name and other identifying information (personal information); and
- Medical history.

*Note*: If the individual is under 18 yrs of age, the Signatory must be a parent or guardian of the Individual. The individual must also sign if he or she is under 18 and able to give and understand the consent. If the individual is 18 or older, the Signatory and the individual will be the same person.

### 2. PURPOSE

The Department of Education and Training is collecting your child’s personal details (Form B6) and medical history (Form B7) in accordance with the Information Privacy Act 2009 and section 426 Education (General Provisions) Act 2006, in order to share your son/daughter’s medical history with medical professionals in the event of accident or illness. The information will only be accessed by authorised employees within the Department of Education and Training. This information will not be given to any other person or agency unless either you have given permission or it is required by law.

### 3. DURATION

This authority and consent will continue for 12 months from the signature date. This Consent Form revokes and replaces all previous consent forms in relation to the individual.

### 4. LIMITATIONS

The individual or Signatory wishes to limit the consent in the following way:

### AUTHORITY AND CONSENT

- I hereby authorise the obtaining on my behalf of such medical assistance as ......................(name of Individual) may require in the event of accident or illness. I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.

- 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.

### STUDENTS SIGNATURE

(if over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)

<table>
<thead>
<tr>
<th>Signature of the individual</th>
<th>Date</th>
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</table>

### PARENT / GUARDIAN

(required if the individual is under 18 years)

<table>
<thead>
<tr>
<th>Signature of the individual</th>
<th>Date</th>
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</table>
AVAILABILITY / NON AVAILABILITY FOR SELECTION

This form MUST be completed and given to the District Manager prior to the Regional Trial.

**STUDENT’S FULL NAME:**

<table>
<thead>
<tr>
<th>School</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Sport</td>
<td>Date</td>
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</table>

Availability / Non Availability for selection in a regional team is conditional upon acceptance of the following conditions.

- **Students must be available to participate for the full duration of the State Championships.**

- Students shall not make themselves available for selection in more than one summer and one winter sport (Excluding swimming, cross country and athletics) where the dates of regional or state championships may overlap for training or competition.

- Members of the regional team will be required to train outside of school hours prior to the State Championships.

- Students who accept an invitation to be a member of the regional team must agree to abide by the “Code of Conduct for Students, Parents & Spectators”.

- The student must genuinely want to be a member of the regional team and will only withdraw for exceptional circumstances. Withdrawal without notice or exceptional circumstances given to the Regional School Sports Office may result in exclusion from selection in any future regional teams.

- On some occasions costs may be a prohibitive factor of availability for selection. Payment in full will need to be made at least 2 weeks prior to the State Championships. Please take this into account before making yourself available for selection. Your sports master has a copy of costs for all Regional teams. There is also a copy on the South Coast website: [www.southcoastschoolsport.eq.edu.au](http://www.southcoastschoolsport.eq.edu.au) but if necessary telephone the Regional School Sport Office on 5583 6319 to obtain an estimate of costs prior to nominating for selection.

- Withdrawal may result in exclusion from selection in any future regional teams.

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I have read and agree to the conditions stated above. I give approval for my son/daughter to participate in the regional trials and REQUEST / DO NOT REQUEST (circle one) that my child be considered for selection in the above mentioned team.

**PARENT’S SIGNATURE:**

I APPROVE / DO NOT APPROVE (Circle one) of the selection of the above named student in the regional team and verify that the date of birth is correct.

**PRINCIPAL’S SIGNATURE:**

I wish to be considered for selection in the above-mentioned regional team and agree to be bound by the above conditions.

**STUDENT’S SIGNATURE:**

(Student’s signature only required if 18 or over)

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South Coast School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child’s participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.
I accept the invitation for my son / daughter …………………………………………………………………to be a South Coast Team Member and I hereby give my consent for my son/daughter to participate in any activity arranged by, or participated in by the South Coast School or any affiliated body. I hereby give my permission for him/her to use such known forms of transport as may be deemed necessary (including air or coach transport). I agree:

1. I understand that participation in this team is also dependent on the receipt of a signed Principal’s Approval Form verifying that your son / daughter is enrolled as a student at that school and that the school is confident that your son / daughter can abide by the Code of Conduct (Team Members) and that the students record of attendance and conduct are such that I recommend the student as one who merits selection.

2. I agree that, during the periods of the aforesaid competition in which my son/daughter is participating, and during such travelling and other activities as may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the squad/s and/or team/s in which he/she is included.

3. To meet the costs associated with participation in this activity, and accept that I may incur a cancellation fee for late notification in cancelling travel bookings.

4. I further agree to meet the costs for any illness, accident or unforeseen circumstances which may occur during the periods of the activities in which my son/daughter participates and during such travelling and other activities as may be deemed necessary.

5. I acknowledge that the Department of Education & Training and South Coast School Sport do not have personal accident insurance cover for students.

6. In the event of my requesting and being given approval to arrange private accommodation for my son/daughter, I accept all the responsibilities (this includes transport to and from the playing venue each day) in relation to the interstate competitions. I also understand that whilst at the championships my son/daughter is still under the control of South Coast team officials during competition hours and any official functions connected with the interstate competition.

7. I also agree that my son/daughter is responsible for sun protection by providing his/her own hat and SPF 15+ broad spectrum sunscreen.

8. I understand that in consenting for my child to participate in this team, I will agree to assist with the South Coast School Sport billet program if called upon in the future.

9. I have read the South Coast School Sport (SCSS) – Code of Conduct (Team Members) understand its contents and conditions, and accept the parental responsibilities contained therein. I have also read this Team Members (Parents & Spectators) and agree to respect and abide by these codes.

Parent / Guardian / Carer Signature: ___________________________ Date: ____________

South Coast School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child’s participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.
It is South Coast School Sport policy that officials' first preference of contact is directly with parents. However, in certain situations South Coast Officials may need to contact team members directly.

I __________________________________ (Parent / Caregiver) of __________________________________ give / do not give permission for my child to be contacted directly via phone/text message by the appointed South Coast School Sport Officials in matters directly concerning the activities related to being a team member of South Coast School Sport ________________ team. Pre-carnival contact may include matters relating to training prior to the championships, and for communication and risk management whilst the team is away.

<table>
<thead>
<tr>
<th>Parent Contact #</th>
<th>Student Contact #</th>
<th>Parents Signature</th>
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</table>

### PLAYER DETAILS

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Date of Birth</th>
<th>Home Address</th>
<th>Home Telephone</th>
<th>Mobile Telephone</th>
<th>Contact Email Address</th>
<th>School attended</th>
</tr>
</thead>
</table>

### PARENT/GUARDIAN/CARER (1)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Home Address</th>
<th>Home Telephone</th>
<th>Mobile Telephone</th>
<th>Contact Email Address</th>
<th>Business Address</th>
<th>Business Telephone</th>
<th>Postcode</th>
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<td>(If different to Player’s)</td>
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</tbody>
</table>

### PARENT/GUARDIAN/CARER (2)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Home Address</th>
<th>Home Telephone</th>
<th>Mobile Telephone</th>
<th>Contact Email Address</th>
<th>Business Address</th>
<th>Business Telephone</th>
<th>Postcode</th>
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<tr>
<td></td>
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<td>(If different to Player’s)</td>
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</tbody>
</table>

### CONTACT PERSON (When parent/guardian/carer cannot be contacted)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Home Address</th>
<th>Home Telephone</th>
<th>Mobile Telephone</th>
<th>Contact Email Address</th>
<th>Business Address</th>
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<td>(If different to Player’s)</td>
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</table>

### ANY RELEVANT FAMILY HISTORY

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South Coast School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child’s participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.
**MEDICAL DETAILS FORM - 2015**

**SURNAME**

**GIVEN NAME**

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### Immunisation Details (Please complete. List others as appropriate)

<table>
<thead>
<tr>
<th>Injection</th>
<th>Yes</th>
<th>No</th>
<th>Date of Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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### Do you suffer from asthma?  
**Is your asthma exercise induced?**
- If Yes, list medication/s:
  - Yes
  - No

### Are you allergic to any medication/s?  
- If Yes, to any of the above list medication/s and attach Action Plan:
  - Yes
  - No

### Are you currently being treated by a medical practitioner?  
- If Yes, list details and all current medication/s:
  - Yes
  - No

### Are you suffering from an injury or condition which is likely to be aggravated by competition?  
- If Yes, list details:
  - Yes
  - No

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### Medicare Card No

- Cardholder Name (if not in name of student)

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### Private Health Insurance Company Name (if covered)

- Private Health Insurance Membership Number

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### Do you have Personal Accident & Injury Insurance cover against accident/injury for competitions and associated activities (training, travel, etc)?
- Yes
- No

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### Please list any other relevant medical history

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**NOTE:** Parents are advised that the Department of Education and Training does not have Student Accident Insurance cover for students. Therefore, if your child is injured at school as a result of an accident or incident, all costs associated with the injury, including medical costs, is the responsibility of the child, parent or caregiver. Some incidental medical costs may be covered by Medicare. If parents have private health insurance, some costs may also be covered through the private health insurance. Any other costs would be borne by the parents.

South Coast School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.

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**MEDICAL AUTHORISATION**

- 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 costs incurred.
- I authorise the administering of anaesthetic if this is deemed necessary by the medical officer attending.
- I acknowledge that the Department of Education does not have Student Accident Insurance cover for students

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**Signature of Parent / Guardian / Carer**

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South Coast School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child’s participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.
MOUTHGUARD PERMISSION FORM - 2015

(If applicable)

- A correctly fitted mouthguard should be worn for playing and practising.

- Where it is noted that mouthguards MUST be worn, players will not be permitted to take the field without one unless the following written permission is received from a parent/caregiver:

<table>
<thead>
<tr>
<th>AUTHORITY AND CONSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give permission for my son / daughter .......................................................... (Name of Individual) to participate in ........................................... (Sport) <strong>without</strong> a mouthguard for the following reason(s).</td>
</tr>
<tr>
<td>Reason for not wearing mouthguard must be provided.</td>
</tr>
<tr>
<td>Reasons</td>
</tr>
<tr>
<td>·</td>
</tr>
<tr>
<td>I accept the costs and responsibility for any injuries / damages that may result from playing (sport) for South Coast.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent / Guardians Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent / Guardians Name</th>
<th>Date</th>
</tr>
</thead>
</table>
9.0 Project Consent Form

to use copyright material, image, recording or name

1. I GIVE CONSENT
On behalf of the individual identified in section 6 of this Consent Form (the Individual), the person or persons signing this Consent Form (the Signatory) grants consent to the Department of Education and Training (the Department) and to any other Department or Agency of the State Queensland (the State) to use, record and disclose the Individual’s:

- name, image and other identifying information (personal information); and

- copyright material, including their written, artistic or musical works or video or sound recordings (Individual work).

*Note: If the Individual is under 18 years of age, the Signatory must be a parent or guardian of the Individual. The Individual must also sign if he or she is under 18 and able to give and understand the consent. If the Individual is 18 or older, the Signatory and the Individual will be the same person.

2. FOR THE PURPOSE OF
This consent applies to any use recording or disclosure of the Individual’s personal information or Individual work, in connection with the Department or State, for:

- the purposes identified in the Project Details section of this Consent Form; and

- public relations, promotion, advertising, media and commercial activities concerning the Project.

3. FOR THE DURATION OF
This consent will continue until the Individual revokes consent by providing written notification to the person nominated in Section 7 of the Project Consent Form.

Despite the above, if, at the time the Individual revokes consent, the Department or the State is using the Individual’s personal information or Individual work, or the Department or the State has entered into contractual obligations in relation to that material, the consent will continue in relation to that material until the Department or the State’s use is complete or until the contractual obligations come to an end.

4. I UNDERSTAND THAT

- ‘Project’ means the project described in the Project Details section of this Consent Form.

- ‘Use’ includes:
  - to create, make copies of or reproduce or retain in any form, including by camera, video, digital recorder, webcam, closed circuit television, mobile phone or any other device; and
  - to distribute, publish or communicate in any form, including in newsletters and other print media, television and the Internet,

- in whole or in part, and to permit other persons to do so.

The Department or the State will not pay the Signatory or the Individual for giving this consent or for the use of the Individual’s personal information or Individual work.

- This Consent Form revokes and replaces all previous consent forms in relation to the use of the Individual’s personal information or Individual work in the Project.

- Nothing in this Consent Form limits the rights that the Department or the State reserve in relation to the use of the Individual’s personal information or Individual work, copyright or other intellectual property under any other law.

- The ‘Department’ and the ‘State’ include the officers and employees of the Department and the State engaged in performing services for the Department and the State.

- This consent extends to the Department and the State:
  - disclosing the Individual’s personal information and Individual work to the Department’s and the State’s agents, contractors and volunteers for the purpose of performing services for the Department and the State; and
  - permitting those persons to use, record and disclose such material to the same extent as the Department and the State are entitled to deal with the Individual’s personal information and Individual work.
### Project Details

**Name and description of Project:**

*Queensland School Sport Representative Sporting Teams attending District, Regional, State, Interstate, National or International Events*

**Description of what is to be made, used, retained or reproduced:**

- Individual’s copyright material
- Individual’s name
- Individual’s image

**Description of image, copyright material, recording or other personal information:**

_________________________________________________________________________________________

[Print]

**Description of the purpose for which the personal information or individual work is required, and the medium of reproduction (e.g., paper, electronic or other form). Will it be made, used, retained or reproduced, and will it be distributed, published or communicated to the public (e.g. on the Internet)?**

*Required for the promotion of Queensland School Sport - name and image may appear in all forms of media - for example: championship programs, team photographs, school sport websites, championship/annual reports and local media such as TV, radio and newspapers. As a value add or service to parents, team photographs, action photography and DVD’s may be taken by commercial photographers. Action photography of athletes, whose consent by parents has been received, may be published on the commercial photographer’s website for retail sale. DVD’s may be available for sale at the event or through retail sales, usually to the parents of such students. Only one commercial photographer will be contracted for each service, team photographs, action photography and DVD production for the event.*

**Description of the timeframe during which the Individual’s name, image or Individual work is required (e.g. Is it for one-time use? For what date or dates?):**

*May be used for the period of enrolment of the individual at the school this consent was returned. Timeframe will cover from the time of selection or otherwise in accordance with clause 3.*

**Name of the departmental position/person responsible for the making, usage, storage, reproduction, distribution, publication or communication of the Individual’s personal information or Individual work:**

*Manager, Queensland School Sport Unit*

**Name that should be used in association with the Individual or the Individual’s image or Individual work:**

- Full name
- First name only
- No name
- Other: ________________________________ [Print]
## DETAILS

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Address of Individual</th>
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<table>
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<tr>
<th>Name of organisation, school or TAFE (at which the Individual is enrolled, employed, or works as a volunteer, if any)</th>
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<table>
<thead>
<tr>
<th>Signature of the Individual (If over 18 years of age, or if under 18 years of age and capable of understanding and giving this consent)</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Signature of the parent or guardian (if the Individual is under 18 years of age)</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Name of signing parent or guardian</th>
<th>Address of signing parent or guardian</th>
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<td></td>
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## NOTE

The Department will use its best endeavours to ensure the person signing this Consent Form is authorised to do so, but takes no responsibility for circumstances in which it is misled as to the identity or authority of a person to provide consent. If you require a copy of this signed Consent Form, or if you wish to revoke this consent, please contact the Principal of the school at which the Individual is enrolled or works.
**What is this consent for?**

This Consent Form authorises the Department and the State to use the Individual's personal information and copyright material, together with information about the Individual's participation in Departmental and State initiatives, for the purposes specified in the Project Details section of the Consent Form. This consent covers the entire or partial use of the Individual's personal information and copyright material in conjunction with other words and images.

For example, the Individual's personal information and copyright material may appear in school or TAFE newsletters, magazines, websites and other school, TAFE, Departmental or State publications, as well as in television advertising, videos, brochures, forms, public relations displays, annual reports, press advertising, internal documents such as manuals, websites, certificates and strategic plans, and posters and other promotional material. There may also be occasions on which the Department may approve the media, such as local newspapers and television stations, using information and copyright material in relation to the Individual (for example, where the Individual is involved in dramatic or musical performances, sporting activities or award ceremonies).

**What is copyright material?**

An Individual's copyright material may include written work (e.g. stories and poems), paintings, pictures, drawings, designs, photographs, videos, films, music, performance, recordings, computer programs, websites, sculptures, fashion, metal or wood works made by them or to which they contributed. In the case of students, it includes, but is not limited to, work that they create in the course of their studies during the time they are enrolled at a State school. These materials may form part of their academic assessment or be part of their studies generally and may attract copyright.

The Department understands that students and volunteers generally own the intellectual property rights in the material they create and that this Consent Form is not meant to transfer the Individual's ownership of the intellectual property in their copyright material.

This Consent Form does not provide for copyright consent in relation to copyright works an Individual creates in the course of employment (whether or not the material is created in normal work hours or using departmental facilities or equipment). Where copyright material is created by a State employee while performing their duties under the terms of their employment, the Copyright is owned by the State as the employer (section 35 Copyright Act 1968). There are limited exceptions to this including, for example, where the copyright material is created by an employee pursuant to a prior agreement with the employer.

Generally, the deciding factor is whether the employee is performing their official duties. In addition, section 176 of the Copyright Act 1968 applies where the work was created by or under the direction or control of the State. However, moral rights may still apply to copyright material created by an employee. The Queensland Public Sector Intellectual Property Guidelines provide further information on Intellectual Property. If as an employee you have any further queries about the ownership of the intellectual property in respect of the works you create you should contact the Legal & Administrative Law Branch.

**What is personal information?**

Personal Information includes information or opinions, whether true or not, about an Individual whose identity is apparent or can reasonably be ascertained from the information or opinion. This includes the Individual’s name, recording or image. It also includes the Individual’s educational information such as the Individual’s assessment and results, and health information and Court Orders provided to the Department, where such information may enable the Individual to be identified.

**What happens to the Consent Form once it is completed and signed?**

The Consent Form is retained by the Department and it will be placed on the Project file. The Individual or Signatory may request a copy of the signed form by contacting the person nominated in Section 7 of this Project Consent Form.

**What if I give my consent and later change my mind?**

The consent will be in effect until withdrawn as described in Section 3 of the form. The consent can be modified or withdrawn at any time by writing to the person nominated in Section 7 of this Project Consent Form. However, any changes will apply only from the date that the Department receives any consent withdrawal. Any existing material will not be withdrawn from use if the Department or the State is currently using the material or where the Department or the State has entered into contractual obligations in relation to this material. In such cases the withdrawal will be effective after the Department or the State’s use is complete or after the contractual obligations come to an end.

**Privacy**

Your consent to the recording, use and disclosure of the Individual’s personal information and Individual work is required in accordance with the Copyright Act 1968 (Cth), the Education (General Provisions) Act 2006 and Information Privacy Act 2009. Personal information will be stored securely. The Department will only disclose the Individual’s personal information in accordance with your consent, except where authorised or required by law. If you wish to access or correct any of the personal information on this form, or discuss how it has been dealt with, or if you have a concern or complaint about the way the Individual’s personal information has been collected, used, stored, or disclosed, please contact the relevant organisation, school or TAFE Institute.
South Coast School Sport

CODE OF CONDUCT – Team Members

This code of conduct sets out what is expected of students, parents and spectators in terms of participating in South Coast School Sport (SCSS) events, and the range of consequences for breaching the code.

AS A TEAM MEMBER’S

- Take responsibility for your own conduct and performance
- Compete by the competition conditions and rules.
- Never argue with the Judge’s, Referee’s or Umpire’s decision.
- Control your temper – no criticism by word or gesture.
- Work equally hard for yourself and your team – your team’s performance will benefit and so will your own.
- Be a good sport. Encourage and support your team members.
- Show respect for yourself, your team mates, officials, your opponents and their skills.
- Behave in a manner that respects the rights of others.
- **Behave in a manner that respects the rights of others** regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.
- Smoking, drinking of alcoholic beverages or the use of any illegal substances is strictly forbidden.
- Entering or remaining upon restricted licensed premises unless under the supervision of team officials or billeting parents is strictly forbidden.
- Going to bed at a reasonable hour will assist your own and your team's performance.
- Wearing the official team uniform at all times, as directed by team management / officials.
- Check-in and check-out with team management / officials each day.
- Stay in the designated team area and support other team members during times when I am not competing.
- Follow all directions of team management / officials.
- Ensure that you have telephone numbers of team managers with me at all times that I am not with the team.

AS A BILLET

- Stay with your assigned billeting family for the duration of the event.
- If there are problems with your billet consult with your team manager.
- Be courteous.
- Social activities other than those organized or approved by team managers or host centers are not permitted.
- Advise your billets when and where you will be.
- Pay for phone calls – don’t borrow money.
- If delayed unexpectedly, contact your hosts immediately.
- Respect the wishes and routine of your billeting family.
- Be responsible – you are representing your family, your school, your Region or your State.
- Bring a small gift for your billeting family or write a letter of thanks.
- Say THANK YOU – often!
- Do not consume alcohol, smoke, or use any illegal substances.

AS A GUEST IN MOTELS, COLLEGES, CARAVAN PARKS & SURF CLUBS ETC.

- Check for any damage to premises on arrival and notify your team official.
- Keep your room tidy – make your own bed, help with chores.
- Do not leave the accommodation area without permission from the team manager.
- Be aware of which teacher is on supervision duty.
- Know where your team officials are staying.
- Where toilets/shower/laundry facilities are away from sleeping areas, it is advisable to attend in pairs.
- Mixed sharing of rooms is not permitted.

BREACH OF THE CODE

Team managers may deal immediately with any breaches of this code by imposing appropriate consequences, including not playing remaining fixtures, notification of parents, and being sent home at your parents’ cost. South Coast School Sport Board (SCSSB) is responsible for imposing any longer term consequences.

Furthermore, SCSSB may provide a report to your school and you may be subject to discipline in accordance with the Education (General Provisions) Act 2006 (EGPA).

Students will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.
This code of conduct sets out what is expected of students, parents and spectators in terms of participating in South Coast School Sport (SCSS) events, and the range of consequences for breaching the code.

**PARENT’S CODE OF CONDUCT**

- Cooperate with the school to achieve the best outcomes for your child
- Support team and event officials in maintaining a safe and respectful learning environment for all students
- Maintain positive relationships with team officials regarding your child’s learning, wellbeing and conduct
- Encourage participation by your children.
- Provide a model of good sportsmanship for your child to copy.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Encourage honest effort, skilled performance and team loyalty.
- Make any new parents feel welcome on all occasions
- Do not interfere with the conduct of any events
- Do not interfere with any billeting arrangements. Once requested, you must accept the billet allocated by the host centre
- If you consider there are problems with your child’s billet consult with the team manager
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and texts.

**SPECTATOR’S CODE OF CONDUCT**

- Demonstrate appropriate social behaviour
- Remember children play for enjoyment. Don’t let your behaviour detract from their enjoyment
- Let game officials conduct events without interference
- Support skilled performances and team play with generous applause
- Demonstrate respect for opposing players and their supporters
- Behave in a manner that respects the rights of others regardless of mediums of communication used e.g. digital mediums such as Twitter, Facebook, email and text.

**BREACH OF THE CODE**

Team managers and event organisers may deal immediately with any breaches of this code by warning offenders about their conduct, asking offenders to leave venues, and calling police to intervene where necessary. Queensland School Sport is responsible for imposing any longer term consequences such as written warnings, or barring attendance at future events for a period or indefinitely.

Parents and spectators should note that it is an offence to insult (meaning “to treat insolently or with contemptuous rudeness, to abuse”) an officer of a state educational institution - Section 333 Wilful Disturbance, of the Education (General Provisions) Act 2006 (EGPA).

Parents and spectators will be afforded natural justice in respect of breaches of this code and for any discipline under the EGPA.
This section will only need to be completed if you are selected in a **REGIONAL TEAM**

*Includes:*

- *Billet & Accommodation Request Form*
South Coast School Sport

BILLET / ACCOMMODATION REQUEST FORM - 2015

All South Coast team members need to complete either Part A or Part B and Part C (if applicable) of this form.

STUDENTS NAME

DATE OF BIRTH

SPORT

SEX: Male / Female

SCHOOL:

School Sport events provide opportunities for students, not only in sport, but also in cultural and social terms. As such, billeting is available for students who are unable to arrange other suitable accommodation (eg. with parents, relatives or friends). Where parents are in attendance at the event, a student billet is not to be requested.

PART A - BILLET REQUEST: (Please tick one of the boxes)

☐ NO – If no, please complete the Private Accommodation section below (PART B).

☐ YES – If yes, please sign the agreement below. Please also list any special needs or requirements.

Additional support or requirements:

In requesting a billet for my child, I agree to accept the billet arranged by the host centre for the duration of the event. I also accept that only under exceptional circumstances can a change to billeting arrangements be made, and that any such request be made through the South Coast Team Manager.

Name: ____________________________  Parent / Guardian / Carer: ____________________________

Signature: ____________________________  Date: ____________________________

PART B – PRIVATE ACCOMMODATION:

If you are arranging private accommodation at the State Championships, you must:

Signature: ____________________________  Date: ____________________________

- Complete the details of your private accommodation below
- Send this completed form to the team manager
- Advise the team manager immediately if any changes occur

PRIVATE ACCOMMODATION DETAILS:

Name: ____________________________  Address: ____________________________

Phone: ____________________________  Mobile: ____________________________

PART C - TRAVEL TO AND FROM PLAYING VENUE:

Name of Person Responsible: ____________________________  Phone: ____________________________

Drivers name: ____________________________

I acknowledge that the team officials have no responsibility for my son/daughter during travel to and from competition venues, or whilst in private accommodation as detailed on this form.

Name: ____________________________  Parent / Guardian / Carer: ____________________________

Signature: ____________________________  Date: ____________________________

TEAM MANAGEMENT ACTION

Action: ____________________________  Approved: ____________________________  Not Approved: ____________________________

Reasons / Comments: ____________________________

Authorised by: ____________________________  Signature: ____________________________  Date: ____________________________

South Coast School Sport, as an operational unit of the Department of Education and Training, is collecting the information on this form in accordance with the Information Privacy Act 2009 for the purpose of contacting you in regard to your child's participation in a Queensland School Sport Event. The information will only be accessed by persons authorised by Queensland School Sport, including appointed team officials. The information provided will not be used or disclosed to any other person or agency unless either you have given permission, it is required by law or in the interests of student health and welfare.