

VICKI WILSON NETBALL COMPETITION

21 June 2016



Dear Parents/Carers

Your daughter has been chosen to be part of the **Meridan State College Vicki Wilson Netball Team** for 2016.

The Vicki Wilson Cup is a long-standing inter-school netball competition run throughout Queensland schools.

Our team plays in a tournament style competition for one day against other schools in our region to find the Sunshine Coast Champions. This school then goes on to compete against winners from other regions to find the Champion Queensland Netball School. As an inter-school competition parents, carers and extended families are most welcome to attend and support our College team on the day.

- EVENT:** Vicki Wilson Netball Competition
- ACTIVITY COORDINATOR:** Ms Kylie Bilsen
- PARTICIPANTS:** Selected Secondary Students
- DATE:** Tuesday 26 July 2016
- LOCATION:** Fishermans Road Netball Courts, Maroochydore
- TIME:** Students are to be at the venue by 8:00am and the activity is scheduled to finish at 3:00pm
- COST:** \$15 to cover team nomination fee, paid through Client Services
- TRANSPORT:** Students are to arrange their own transport (private) to and from the venue.
- TRAINING:** Training will be after school from 3:15pm to approximately 4:45pm on the following dates
- Monday 11 July 2016
 - Monday 18 July 2016
 - Monday 25 July 2016
- UNIFORM REQUIREMENTS:** Students are to attend the day in full College sport uniform. Netball dresses will be worn for the games.
- REQUIRED EQUIPMENT:** Netball shoes & personal water bottles.
- PROHIBITED ITEMS:** Nothing in addition to normal College policy.
- EXTRA INFORMATION:** Should this team be successful in winning the Sunshine Coast section of this knockout competition there may be further travel involved during school time to compete against other Regional winners. This may incur a cost should transport be required.

Students and parents are to make themselves familiar with the attached Sport Code of Conduct. Please return the permission form attached to **Client Services by Monday 11 July 2016**. If you have any queries, please contact Kylie Bilsen (kbils1@eq.edu.au). We look forward to an enjoyable and successful competition.

Yours sincerely

Kylie Bilsen
Netball Coordinator

Fiona Free
Principal - Secondary Campus

Learning Today, Creating Tomorrow.



<https://www.facebook.com/MeridanStateCollege>



@MeridanSC

Website: www.meridansc.eq.edu.au

Address: 214 Parklands Boulevard, Meridan Plains, Caloundra Qld 4551

Phone: 07 5490 2666

Email: admin@meridansc.eq.edu.au

Code of Conduct

The following code of conduct highlights the level of expected behaviour of students, parents and spectators when participating in or attending Meridan State College (MSC) Sport events.

Please ensure that you have read and understand this code prior to participating in College Sporting Events. Further information is available by contacting the **College Sport Coordinator** specific to the sub-school concerned by telephoning (07) 5490 2666.

Please be aware that ignorance of the contents of this Code will not be accepted as an excuse for any breach.

STUDENT PARTICIPANTS

As a Meridan State College Student Representative:

- Follow all directions of team management/officials.
- Show respect for yourself, your team mates, officials, your opponents.
- Display sportsmanship and fair play. (E.g. encourage and support your own team members).
- Compete by the rules.
- Wear the correct uniform.
- Be courteous (eg. say THANK YOU - to parents, staff, officials, community members who assist in providing you with these opportunities).
- Control your temper.
- Don't argue with the Judge's, Referee's or Umpire's decision.
- Be responsible - you are representing your family and your College.

Consequences for breaches of this code by students

Team officials may deal immediately with any breaches of this code by imposing appropriate consequences, including:

- Immediate removal from further participation in the current match.
- Not playing remaining fixtures.
- Being sent home at your parents' cost.

The Meridan State College Sport Coordinator, Head of Sport and Administration Executive Team are responsible for imposing any longer term consequences. This may include:

- A long-term ban from participating or attending MSC fixtures.
- Retracting the privilege to participate in District, Regional and State Teams or future trials.
- Disciplinary action in accordance with the Education (General Provisions) Act 2006 (EGPA).

PARENTS, CARERS AND SPECTATORS (*including student spectators*)

As a Meridan State College Parent, Carers or Spectator:

- Support team and event officials in maintaining a safe and respectful learning environment for all students.
- Be courteous and constructive in your communication with players, team officials, game officials and sport administrators.
- Support School Sport Australia's policy of a smoke and alcohol free environment.
- Encourage participation by all children.
- Provide a model of good sportsmanship for your child to copy (e.g. demonstrate respect for opposing players and their supporters).
- Let game officials conduct events without interference.
- Remember children play for enjoyment; please don't let your behaviour detract from their enjoyment.

Consequences for breaches of this code by parents / spectators

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.
- Calling authorities to intervene where necessary.

The Meridan State College Sport Coordinator, Head of Sport and Administration Executive Team are responsible for imposing any longer term consequences. This may include:

- Written or oral notification of a temporary ban from attending MSC fixtures until formal processes are conducted by MSCSC to determine complaints under this Code.
- Barring attendance at future events for a period or indefinitely.

Medical & Emergency Information



PERSONAL DETAILS:

NAME: _____
(Christian Names) (Surname)

DATE OF BIRTH:

EMERGENCY CONTACT DETAILS:

PRIMARY CONTACT: _____ (Parent/ Carer 1)

DAY TIME PHONE NUMBER: _____ MOBILE: _____

SECONDARY CONTACT: _____ (Parent/ Carer 2)

DAY TIME PHONE NUMBER: _____ MOBILE: _____

TERTIARY CONTACT: _____ (an alternative contact)

RELATIONSHIP TO STUDENT: _____

DAY TIME PHONE NUMBER: _____ MOBILE: _____

MEDICAL INSURANCE DETAILS

A. Is your student issued with their own Medicare card? **YES / NO**

If 'NO' please state Medicare card holder's name: _____
(This is the first name on the card)

B. State your student's or family's Medicare Membership No. _____

C. Does your student have private health cover? **YES / NO**

If 'YES' Health Insurance Company: _____
 Membership/ Policy Number: _____

D. Does your student have Personal Accident Insurance cover against accident/injury for school sporting competitions and associated activities? **YES / NO**

PLEASE READ - AN IMPORTANT NOTE ON INSURANCE:

Insurance cover for students undertaking physical activities and physical education, particularly contact sports, carry inherent risks of injury. Parents are advised that the Department of Education Training and the Arts does not have Personal Accident Insurance cover for students. Education Queensland has public liability cover for all approved school activities and provides compensation for students injured at school only when the Department is negligent. If this is not the case, then all costs associated with the injury are the responsibility of the parent or caregiver. It is a personal decision for parents as to the type and level of private insurance they arrange to cover students for any accidental injury that may occur

MEDICAL INFORMATION

	PLEASE CIRCLE	PARTICULARS
Heart Problems	YES / NO	
Respiratory Problems (e.g. Asthma)	YES / NO	Does the College have a recent asthma management plan on record? YES/ NO <i>(If no, provide treatment measures/ Medication)</i>
Allergies	YES / NO	Does your student carry their own adrenaline auto injector? YES/ NO
Drug Reactions (e.g. Penicillin Allergy)	YES / NO	
Travel Sickness	YES / NO	
Blood Pressure	YES / NO	
Recent Relevant Operations	YES / NO	
Epilepsy	YES / NO	
Immunisation up to date	YES / NO	<i>(Show years if known)</i>
Recent Illness	YES / NO	
Current Medication Required	YES / NO	

Is your student suffering from an injury or condition which is likely to be aggravated by the competition? **YES / NO** If so, please give details: _____

Any other relevant medical history: _____

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of an 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.

Signed: _____ **(Parent/ Carer)** **Date:** _____

Education Queensland is bound by Information Standard 42- Information Privacy. Education Queensland is collecting the information on this form for the purpose of facilitating the attendance of students at excursions/competitions organised by Bundaberg District Secondary School Sport. The information provided on this form will not be used or disclosed for any other purpose. The information will be held securely and protected against unauthorised access. The information will be provided to staff on a need to know basis and the privacy of the individuals whose information is provided on this form will be respected. If you wish to access or amend the personal information provided on this form, please contact your team coach or manager.



Event: Vicki Wilson Netball Team 2016
 Event Date: Tuesday 26 July 2016
 Cost: \$ 15 Team nomination fee

Please print this form - tick, sign and return to Client Services Finance with payment by payment closing date Monday 11 July 2016.

Online (Bank Deposit and B Point) payments must be made 3 days prior to the Excursion payment cut-off date to allow accurate processing. The Permission Form must accompany Excursion payment. Students will not be included on the Excursion Roll without a signed permission form.

Refund Guidelines: All requests for refunds must be made within 30 days of the activity on the 'Request for Refund' form available from Client Services. It is preferred that refunds are processed on the student's account for use against future costs. If payment in advance is made by the College to the venue, no refund will be available. Transport costs may also be deducted from refunds due to our costing schedule.

Payment Conditions: As per the conditions of the Student Resource Scheme and Queensland Education policy, students participation in College activities such as excursions, camps and sport may be restricted if fees are not fully paid or an arrangement is not in place and up to date. Essential learning activities will not be restricted. Parents experiencing financial difficulty are encouraged to contact the College to discuss this.

Student Name: _____ Class: _____

✓ Please indicate

- Yes, I do give permission for my child to attend the excursion and I have included the payment of **\$ 15** (see payment methods below)
- NO, I do not give permission for my child to attend the excursion.
- I have ensured that the College has current and accurate medical details and emergency contact details for my child.
- I understand that students must abide by the College Responsible Behaviour Plan expectations. For the safety of your child it is the responsibility of the Parent/Guardian to ensure that the Medical Details and Emergency Contacts are correct and that any alterations are made before the excursion. I acknowledge that the Department of Education, Training and Employment does not have Personal Accident Insurance Cover for students.

Parent/Guardian Name: _____ (please print name)

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Contact Telephone Number: _____

METHODS OF PAYMENT

Amount Paid:
\$ _____

(✓ please tick payment method)

- Cash
- Cheque
- EFTPOS
- Direct Deposit
- Credit Card
(not available for transactions under \$10)

COLLEGE DIRECT DEPOSIT DETAILS: BSB 064420
 Account no: 10567850
 Reference: Debtor ID & Invoice no/Description of payment
 e.g.: Debtor ID/StudentName_vickiwilsoncomp

CREDIT CARD NUMBER

Card-Holder Name: _____ Expiry Date: ____ / ____
 (Please Print)

Card-Holder Signature: _____