



Glenmore State High School

Farm Street, North Rockhampton 4701
Box 5822, Red Hill, North Rockhampton 4701

E. the.principal@glenmoreshs.eq.edu.au

P. (07) 4923 0333 F. (07) 4923 0300

www.glenmoreshs.eq.edu.au

The Glenmore High Dragon symbolises strength, courage and endurance together with good fortune and success

Parent and Caregiver INFORMATION FORM

Please keep this page

Description	Interschool Girls Volleyball 2024
Subject Area	Extracurricular Sport
Cost to Students	\$10 per Player
Date	Tuesday afternoons 8 October – 29 October Grand Final – Tuesday 5 November
Time	Tuesday afternoon/evening between 3:45pm-5:30pm
Year Level	Age category: Jnr - Year 7, 8 & 9 Snr - Year 10, 11 & 12
Location	Homes games – Glenmore SHS Away games – Other local secondary schools
Transport Arrangements	Private / Students own transport
Accommodation	N/A
Time of Departure	N/A
Time of Return	N/A
Eating Arrangements	N/A
Dress	Students will be provided with playing jerseys for games. If students do not have suitable equipment or playing apparel, they may be unable to participate in the selected sport.
Additional Information	A draw of games will be provided to students when it is released. All students can check the Sports Noticeboard outside Student Services at any time for more information.

- Students CANNOT train or play until the attached consent form has been completed and returned with payment to the school office.
- Issued Jerseys are to be washed and returned to Miss Scobie within 2 weeks of competition completion.

For updates, please check the Glenmore SHS Facebook page or school Website. If you have any further questions, please email me at jscob5@eq.edu.au.

Kind Regards,

Janelle Scobie
Sports Coordinator

Brendan Shannon
Principal



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Sporting Code of Conduct

Players

- Play by the rules.
- Never argue with an official – if you need clarification, have your captain, coach or manager approach the official during a break or after the competition.
- Work hard for yourself and your team – while encouraging your teammates to do their best.
- Be a good sport – applaud all good plays whether they are made by your team or opposition.
- Show respect to and acknowledge opponents and officials. For example, shake hands before and after the game and say things like 'good luck', 'congratulations', and 'thanks ref'.
- Honour the team bench, it is for players and the coach and coaching assistants
- Cooperate with your coach, teammates and opponents – without them there would be no competition.
- Participate for your own enjoyment and benefit – not just to please parents and coaches.
- Play fair – no verbal abuse of officials, sledging other players or deliberately distracting or provoking an opponent.
- Respect the rights, dignity and worth of all participants - regardless of their gender, ability, culture or religion.
- Do not expect or accept "special" favours from a coach or person involved in team or club management.
- Speak to an adult you trust if you have an issue, feel unsafe or are concerned about someone else.
- Remember that school rules still apply.

Parents and Spectators

- Remember that children participate in sport for their enjoyment, not yours.
- Encourage children to participate, do not force them.
- Focus on your child's efforts and performance rather than whether they win or lose.
- Encourage children to play according to the rules and to settle disagreements without resorting to hostility or violence.
- Honour the team bench, it is for players and the coach and coaching assistants
- Never ridicule or yell at a child for making a mistake or losing a competition.
- Remember that children learn best by example. Appreciate good performance and skilful plays by all participants.
- Respect officials' decisions and teach children to do likewise.
- Show appreciation to volunteer coaches, officials and administrators. Without them, your child could not participate.
- Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.
- Remember these are school-organised events and the school rules still apply.

Please take time to read and acknowledge the above Code of Conduct – it applies to our players, parents, spectators, team coaches, managers, and assistants. It is a responsibility for all of us to ensure that the sporting ground is a positive, safe, and beneficial place for our students.

Kind Regards,
Janelle Scobie
Sports Coordinator



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OFFICE USE	Date Paid ____ / ____ / 2024
	Receipt Number _____

COACH: _____

CONSENT FORM

Please return this page with payment to the school office

Activity	Interschool Girls Volleyball
Cost	\$10 per player
Payment due by	Fri 6 Sept 2024

As parent/guardian of the student mentioned below, I give my consent for him/her to participate in the identified activity and agree to delegate my authority to the teacher/s involved. I understand teachers will provide supervision, and may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students at the outlined activity. I have also read, understood, and agree to abide by the attached Code of Conduct.

I understand that transport to and from the event is my responsibility and that the arrival and departure arrangements are also responsibility of the parent/caregivers unless otherwise specified.

In the event of any accident or illness, I authorise the obtaining on my behalf, an ambulance or any medical assistance that my child may require. I accept full responsibility for all expenses incurred and will seek to reimburse Education Queensland in that event. I submit the following true medical information about my child and include details of limitation which he/she has for the activity concerned.

I understand that mouth protection is mandatory in the following sports: AFL, Rugby League, Rugby Union, Water Polo and Hockey. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection my child will wear whilst playing this sport.

Medical Information

Student Name: _____ **Year:** ____ **Date of Birth:** _____

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined on the information form? **Yes / No**

If yes, please provide details: _____

Please indicate ✓ if your student suffers from any of the following and give full details in the space provided. These details are kept confidentially.

Allergies	Heart Problems	Medication Required	Yes / No
Asthma	Excretory problems	Recent Operations	Yes / No
Blood Pressure	Respiratory Problems	Immunisations Current	Yes / No
Epilepsy	Travel Sickness		
Drug Reaction E.g. Penicillin Allergy	Other:	Ear/Nose/Throat Problems	Yes / No

Medical Details (including current medication): _____

Emergency Contact Name: _____ **Phone:** _____

I have read the above information and understand all that I am consenting to, and I hereby give permission for my child to attend the indicated activity.

Parent/Guardian Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

ISSUED JERSEY #: _____

