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Beenleigh SHS Rugby League Academy Year 6 Trial Day
Activity Consent Form

2nd June, 2025

Dear Parent/Carer,

Your son/daughter is invited to attend the **Beenleigh SHS Rugby League Academy Year 6 Trial Day**. The trials will be held at Beenleigh SHS. Students will spend the afternoon rotating through groups, getting to know the values of the academy and playing games. Games will be under the NRL Safe Play Code. The purpose of the day is to have students' trial for the 2026 Year 7 Rugby League Academy, provide an insight into the academy we offer here at Beenleigh SHS and to select excelling students to receive a scholarship in 2026 for Beenleigh SHS Rugby League Academy.

Students participating will be eligible for the following:
- Full School Scholarship which includes all school fees, Rugby League Academy uniform and fees.
- Rugby League Scholarship which includes all Rugby League Academy fees.

If you have any questions, please don't hesitate to ask the school.

Activity details:

Date:	Thursday 24th July, 2025
Location:	Beenleigh State High School – Rugby League Field
Transport:	Students to make their own way to and from the school
Time:	3:15pm – 5pm
Staff:	Qualified and Experienced Teachers & Coaches
Inherent risk level of the activity:	High
What the students will be doing:	Activities could include: • Competitive Full Contact Rugby League Drills • Competitive Full Contact Rugby League Gameplay
Items to bring:	Boots, Rugby League Shorts, Water Bottle, Towel & Protective Equipment

If you wish for your child to participate in the trial afternoon, please complete the attached consent form and return all pages to Mr Daniel Selff at Beenleigh SHS either via emailing at dself5@eq.edu.au, handing the completed form to Beenleigh SHS Admin Office or simply by bringing the completed permission for with you in the afternoon to the trial.

Mr Matthew Morgan
Principal

Mr David Roberts
HOD – Health, Physical Activity & Sport

BSHS RLA proudly sponsored by

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Privacy Notice

The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:

- *Obtain lawful consent for your child to participate in the activity.*
- *Help coordinate the activity.*
- *Respond to any injury or medical condition that may arise during or as a result of the activity; and*
- *Update school records where necessary*

The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentially requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorized or required by law, or you have given DET permission for the information to be disclosed.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.

Consent

By signing this form, I agree that:

- I have read all the information contained in this form in relation to the activity (including any attached material) and I am aware that the department does not have personal accident insurance cover for students/children.
- I give consent for my child, _____, to participate in the **Beenleigh SHS Rugby League Academy Year 6 Trial Day**.
- I will pay to the school the costs detailed in this consent form for my child's participation in the activity.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided the school all relevant details of my child's medical or physical needs on registration /enrolment and where relevant have updated this information.

Parent/Carer's name: _____ (Please print)

Parent/Carer's signature: _____ Date: ____/____/___

Additional medical information

The school collected medical information about your child at registration/enrolment. This information is stored electronically in OneSchool. Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form.

_____

_____

_____

You may also wish to update/provide the following optional information*:

Name of child's medical practitioner: _____ Telephone No: _____

Medicare No: _____

Private Health Insurance Company (if applicable): _____ Membership No:_____

*If a registration/enrolment form for your child was completed or updated since October 2012 and these details have not changed, this information will already be recorded in OneSchool.

☐ I would like this additional information about my child's medical information to be recorded in OneSchool records.