



Bayside Sports Academy
Cleveland District State High School
Russell Street
Cleveland QLD 4163
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“Sports Career Pathways”

Bayside Sports Academy Membership Form

SECTION A: Personal Details

Name: _____ Sport: Football Touch Volleyball

Date of Birth: _____ Home Group: _____ Male Female

Home Address: _____

_____ Post Code: _____

Email: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

W: _____ M: _____ W: _____ M: _____

Other Emergency Contact (If unable to contact Parents)

Name: _____ Phone: _____ Mobile: _____

SECTION B: Parental Consent

I hereby give my consent for my child _____ to participate in the Bayside Sports Academy Development Program and to compete in any competitions the Academy is invited to participate in and I hereby give my permission for my child to use known forms of transport that are reasonable. I am aware that every reasonable effort will be made to notify myself of any additional competitions and any extraordinary transport arrangements or costs.

I agree that during any training or competitions in which my child is participating, and during any such traveling or other activities as maybe deemed necessary, my child shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) in which my child is included.

I understand that my child is expected to remain committed with full participation in the Bayside Sports Academy Program. I understand that my child is expected to participate in all training sessions and that we must notify their squad coach in writing if they are unable to participate. I am aware my child has a responsibility to come prepared for all training sessions and games by ensuring they bring all relevant equipment, such as footwear and any protective equipment for their sport, a drink bottle and their playing strip. I understand that my child is expected to participate in regular testing where they must show improvement in their skill and physical ability.

I am aware of the Registration Fee, which is payable at the school office, which covers the costs of registration and administration costs associated with the operation of the Bayside Sports Academy as well as external service providers and may include new uniforms.

I have read the Bayside Sports Academy Member's Code of Conduct, understand its contents and conditions and accept the parental responsibilities contained therein.

I understand that in consenting for my child to participate in the Bayside Sports Academy, I will and my child will assist with any activities or fundraising the Bayside Sports Academy runs throughout 2010.

Signed: _____ Date: _____

Parent(s) / Guardian(s)

SECTION C: Medical Details

My child's medical details are as follows:

- a) Medical Conditions Yes / No _____

- b) Medication Yes / No _____

- c) Immunised Yes / No _____

- d) Drug Reactions Yes / No _____
- e) Headaches/Migraines Yes / No _____
- f) Asthmatic Yes / No _____
- g) Allergies Yes / No _____

- h) Other Yes / No _____
- i) Relevant Medical History: _____

- j) Ambulance Cover Yes / No Subscription Number: _____
(Non-Queensland Residents must ensure they have ambulance cover)
- k) Medicare No: _____ Cardholders Name: _____
- l) Health Cover Yes / No Details: _____

Cleveland District State High School and therefore the Bayside Sports Academy do NOT subscribe to the Queensland Ambulance Scheme. In the event that an Ambulance is required, every attempt will be made to contact parents / caregivers in the first instance. However, an ambulance will be called if the supervising staff member considers it necessary. Payment of this account will be the responsibility of the parent / caregiver.

I, as the parent / caregiver, hereby authorise the obtaining on my behalf of any such medical assistance necessary for my child in the event of an accident or illness and guarantee to meet any costs incurred. I also authorise for qualified health care professionals to administer any medications or anesthetic if such a necessity arises.

Signed: _____

Date: _____

Parent(s) / Guardian(s)

Section D: Bayside Sports Academy Member's Code of Conduct

As a member of the Bayside Sports Academy, I understand and accept as my responsibility that I will:

- Participate in all training sessions and notify the coach/teacher in writing if I am unable to participate.
- Participate in after school training sessions for any specific group I am involved with such as Schools Premier Leagues, Bill Turner, All Schools Touch and All Schools Volleyball.
- Participate in all levels of school activities including interschool sport, sport carnivals, representative trials and competitions.
- Respect myself, other Academy members, my coach, Academy staff and my teachers, working with them in a courteous manner following all directions at all times.
- Always compete by the rules and conditions of any competition, never arguing with a Referee's, coaches, Academy staff, school teachers or any other official's decisions, displaying no criticism by word or gesture.
- Exhibit good sportsmanship, encouraging and supporting my squad members, as well as showing respect to my opponents.
- Be a positive role model and act responsibly at all times remembering that I represent my family, my school and the Bayside Sports Academy.
- Ensure I am always prepared for classes, training and games by bringing any equipment necessary for my sport. This includes materials for class, footwear, protective equipment and playing strip for training or games.
- Work to the best of my ability in regards to behavior and my level of achievement in class at all times.
- Wear the school uniform or Academy uniform as directed by school and Academy staff.

I am aware the Bayside Sports Academy staff with the assistance of school staff will conduct regular monitoring of Academy member's progress on and off the field and throughout all school activities. I am aware my class teachers will be requested to provide feedback on my progress, both in regards my behavior and my level of achievement in class.

Breach of the Code of Conduct

I accept that if, in the opinion of the Bayside Sports Academy staff, I am found to be in breach of this code of conduct my position in the Bayside Sports Academy may be reviewed. I understand that I may be placed on suspension from the Academy program or at worst be removed from the Academy program. I also understand that further disciplinary action may be considered depending on the seriousness of the breach.

Member's Agreement to the Code of Conduct

I _____ have read and understand the Bayside Sports Academy Member's Code of Conduct and agree to abide by its conditions.

Signed: _____ Date: _____

Parent / Guardian Agreement to the Code of Conduct

I support my child's agreement to abide by the Bayside Sports Academy Member's Code of Conduct and I accept the parental responsibilities that will result of a consequence if my child is deemed to be in breach of the code of conduct.

Signed: _____ Date: _____

Signed: _____ Date: _____