



OTBALL ACTIVITY / TOUR NOTICE - Roselea FC Kanga Cup Tour

Departure/Collection Information

The team will depart from Harold West Oval, Moseley St Carlingford on 07/07/2019 at 1pm (arrive no later than 12:30pm) and shall return to Harold West Oval, Moseley St Carlingford on 12/07/2019 around 7pm, check TeamApp for updates to arrival time. All parents must be at the collection point at least 15 minutes prior to arrival.

Any player NOT leaving from HW at 1pm needs to inform Tour Director prior to 23 June

Officials and Team Supervision Information – Tour Management Group (TMG)

Training sessions;

- Monday 5 June 6-7:30pm
- Monday 19 June 6-7:30pm

Squad practice game

- Friday 30 June 6-7pm

The team officials to be contacted by parents during the event are the Tour Directors:
Rohan Primrose (0418 475 171) and Jeff Saul (0418662912).

We confirm that all officials and accompanying officials of the Tour Management Group (TMG) have signed the necessary child protection documents in accordance with the NSW Working with Children Check requirements. All members of the TMG are also considered to be Squad chaperones.

Accompanying trip officials are: TBA

Tour Director –

Tour Director

Coach -

Coach -

Manager –

Manager -

Squad Chaperone -

Squad Chaperone -

Squad Chaperone –

Squad Chaperone –



Travel Itinerary and Information

A full itinerary will be provided 2 weeks from the tour departure once match schedule is released.

Accommodation & Travel Information

Team accommodation will be at Canberra Grammar School Boarding House

Address: Monaro Crescent Red hill Phone: Rohan Primrose 0418475171

Travel will be by Bus or parents car

By Signing below you consent for your child to travel in a car driven by a parent or tour Official.

Additional Information

Uniform

- Tour uniform comprising of Tour Hoodie and Club Cap will be worn at all times when the players are away from the accommodation.
- Full Roselea football uniform will be worn for all matches.
- It is recommended that players purchase at least 1 pair of additional socks. Additional shorts may also help for wet weather.
- **ALL clothes must be name labelled (Inc socks).**

Travel insurance - advice

Travel insurance for travel by bus/car is recommended but is optional.

Travel insurance is not provided by the trip organizers and any travel insurance required is to be arranged by parents/guardians for players.

Travel insurance – parent response

Travel insurance has not been arranged for my child ☐ (tick whichever is applicable)

Travel insurance has been arranged for my child ☐

A copy of the travel insurance policy is attached.



MEDICAL INFORMATION AND MEDICAL CONSENT FORM

Please return this form to Rohan Primrose by 22/06/17

All players emergency contact details and medical information must be entered into the Tour TeamApp

This form is intended to be used to assist in the case of any medical treatment required or medical emergency involving a player involved in a football activity or tour. A copy of each player's form must be kept on record for the duration of the event/tour.

The information contained in this form is to provide or arrange first aid and other medical treatments for players. The information collected will be held by the club/association/tour officials and will be made available to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/guardians note that in the absence of a Medical Information and Consent form standard First Aid shall be administered.

Player's Name: Date of Birth:Sex: ☐ M ☐ F

Club/Association:.....Team: :..... Event/Tour:

Parent/Guardian Name:

Address:

Contact Telephone - Business Hours:..... After Hours..... Mobile:.....

Other Contact for Emergency: Telephone No:

Name of Player's Doctor: Telephone No:

Medicare No: Private Health Fund: Membership Number..... ..

Ambulance Fund:.....

NOTE: Parents are responsible for ambulance costs if incurred and not covered by private cover.

Please tick if your child suffers any of the following:

- | | | | | |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy | <input type="checkbox"/> hay fever | <input type="checkbox"/> nose bleeds |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes | <input type="checkbox"/> fainting | <input type="checkbox"/> headaches | <input type="checkbox"/> reaction to drugs |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eczema | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
| | | | | <input type="checkbox"/> sun screen sensitivity |

☐ other -

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If you have ticked any of the boxes above a treatment plan outlining appropriate response, medications or requirements in the event of an incident must be provided. *Where a treatment plan is not provided then standard first aid and response will be provided.*

Date of last tetanus injection:

Has the player suffered from any acute illness or injury or been treated by a medical practitioner for an illness or injury during the last 4 weeks?

Yes ☐ No ☐

If YES, please state nature of illness/injury and obtain a report from the doctor that the player is fit to undertake the football activity as planned

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Is the player presently taking any medication?

Yes ☐ No ☐

If YES, please state name of medication, dosage, etc:.....

The team official in charge must be informed about the management of any medication prior to leaving for an event. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases medication must be clearly labelled with the player's name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief?

Yes ☐ No ☐

Are you aware of any psychological limitations of your child? Please give details.

.....

Consent to medical attention. In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the provision of first aid or treatment as outlined in the provided treatment plan and I further authorise, where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signed: Parent/Guardian

Date:



PARENT CONSENT FORM

Please return this form to Rohan Primrose by 18/06/17

I consent to (name of player) participating in the
..... (tour) being held in Canberra from/...../..... to
...../...../.....

My child will be Accompanied/Unaccompanied by a parent on this tour. (Please Circle One).

If accompanied, please state parent

name,.....

and mobile No.....

My child has the following additional special needs which have not been provided otherwise, ie
motion sickness, sleep walking etc

(please provide full details of any needs applicable to your child an any other information which may be useful)

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.....

I give permission for my child to receive medical treatment as outlined in the Medical Information
and Medical Consent Form.

I confirm there are no existing court orders prohibiting this player from travelling to the event as
outlined or restricting my right to approve the player's participation in the event.

Signature

____/____/____
Date

Name