



BELLBIRD PARK
STATE SECONDARY COLLEGE

RUGBY LEAGUE ACADEMY



2025 - YEAR 7 to 10 - APPLICATION PACKAGE

RUGBY LEAGUE ACADEMY

YEAR 7- 10

HIGH EXPECTATIONS

The Rugby League academy takes pride in not only developing players on the field but also developing players off the field turning them into confident and caring young men and women who give back to their communities. Parents whose children are involved in the BPSSC's Rugby League Academy can expect the following:

- A safe learning environment
- A culture of success on the field and off
- Numerous opportunities and resources for students to develop their full potential in all aspects of rugby league.
- Highly skilled, committed, caring teachers/ coaches

We are extremely proud of what our students have been able to accomplish in the academy so far. We believe our program gives players the opportunity to grow in all aspects of rugby league giving them the opportunity to study and play the sport that they enjoy at the same time under the supervision of highly skilled coaching staff. Please note there is a cost of \$150 for this program. This includes; Training Shirt, Match shorts & socks, Referee and Bus levies.

TRIAL INFORMATION

Participants are required to attend the BPSSC Rugby League Program trial as below:

- RUGBY LEAGUE - Year 7 2025 - Friday 9th August 2024
- RUGBY LEAGUE - Year 8,9,10 and opens 2025 trials - Monday 21st October 2024
- RUGBY LEAGUE - Year 7 2025 training - Monday 28th October, 4th and 11th of November 2024

We request that students wear their current primary school sports uniform, hat and lunch for the day. They will also be required to bring a water bottle.

Parents are welcome to pick up and drop off their students via the carpark at the top of the college. Unfortunately, we will not be able to accommodate parent spectators throughout the trial.

SELECTION PROCESS

Please note that this application does not constitute an enrolment, or an offer of enrolment for your child at Bellbird Park State Secondary College. Students must be residing in the Bellbird Park State Secondary Catchment to enrol and participate in the program. Students that live out of catchment must apply as per the out of catchment process: <https://bellbirdparkssc.eq.edu.au/enrolments/out-of-catchment>

If you wish your child to attend the BPSSC Rugby League Academy Trials, please complete the attached student details/medical details form and return it to the college administration office or e-mail through to: league@bellbirdparkssc.eq.edu.au or jgloe3@eq.edu.au by **Thursday 8 August 2024**.

If you have any questions about this day, please contact Bellbird Park State Secondary College on 3819 7222.

Yours Sincerely



Mr Michael West
Principal

Justin Gloede
Program Director

RUGBY LEAGUE ACADEMY

YEAR 7- 10

APPLICATION FORM					
STUDENT DETAILS	FIRST NAME				
	SURNAME				
	ADDRESS				
	CURRENT SCHOOL				
	CURRENT YEAR				
	DATE OF BIRTH		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
YEAR LEVEL APPLYING FOR:		Year 7 <input type="checkbox"/>	Year 8 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>
PARENT/ CAREGIVER CONTACT DETAILS	FULL NAME				
	PHONE NUMBER				
	EMAIL				
	ADDRESS (if different from student)				
SPORTING ACHIEVEMENTS					
SPORT	TEAM / YEAR	SPORT TYPE (School / Club)	LEVEL OF REPRESENTATION		

*Non Bellbird Park State Secondary College Students – Please attach a copy of your son/daughter’s most recent report card and NAPLAN results with application form

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LEADERSHIP ROLES IN SCHOOL / CLUB / COMMUNITY (E.G. SPORTS CAPTAIN, SCHOOL LEADER)

SUPPORTING EVIDENCE TO DEMONSTRATE PRINCIPLES OF FAIR PLAY, RESPECT AND SPORTING VALUES (E.G. MVP, MOST IMPROVED, BEST AND FAIREST)

APPLICATION ENDORSEMENT: PLEASE NOMINATE A HPE TEACHER / SPORTS COORDINATOR AT YOUR PRIMARY SCHOOL WHO CAN ENDORSE YOUR APPLICATION

Teacher's Name

Teacher's email

Student Signature

Parent/Carer
Signature

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STUDENT MEDICAL HISTORY & AUTHORISATION FORM

Surname			
Given Name		Date of Birth	
Immunisation Details (Please complete. List others as appropriate).			
Injection		Date of Injection	
Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you get asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your asthma, Exercise induced asthma?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the above, list medication and attach Action Plan.			
Do you suffer from Anaphylactic reactions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list medication and attach Action Plan.			
Are you currently being treated by a medical practitioner?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list details. NOTE: Please list any current medication.			
Do you have an injury or medical condition which is likely to affect your participation in the program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list details. (Note: Students with an identified medical condition must be cleared by a medical practitioner to participate in the program.)			
Medicare Card No		Position No.	
Cardholder Name (if not in name of student)			
Private Health Insurance Company Name (if covered)			
Private Health Insurance Membership Number			
Please list any other relevant medical history or additional support needs:			
NOTE: It is the parents' responsibility to ensure that the student is adequately covered for Medical, Hospital, Dental and Personal Accident & Injury Insurance. Central Comets District School Sport will not accept financial liability for such expenses if they should arise. Where supervision of the administering of medication is required while the student is away from home, parents will need to document details in separate correspondence to the Team Management.			

Medical Authorisation

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

Name of Parent / Caregiver		
Signature of Parent / Caregiver		Date

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ACTIVITY RISKS & INSURANCE

The activity outlined above carries an inherent risk of physical injury occurring. Please note that the Department of Education does not have personal accident insurance cover for students.

If your child is injured as a result of an accident or incident, 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 be 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

Please complete the required information and check all appropriate boxes below to indicate your agreement/consent:

- I have read all of the information contained in this form in relation to the activity (including any attached material) and I am aware that the Department of Education and Training does not have personal accident insurance cover for students.
- I give consent for my child, _____ (print child's name) in primary school _____ (print school name), to participate in the activity detailed above.
- In the event of an accident or illness, I authorise BPSSC school staff to obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all costs incurred in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the State of Queensland (via the Department of Education and Training) the full amount of any costs incurred on my child's behalf.
- I have provided the school all relevant details of my child's medical or physical needs on enrolment and where relevant have updated this information

Parent/Carer Name: _____ (Please Print)

Parent/Carer's Signature: _____ Date: ____/____/____

Privacy Notice

The Department of Education 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 confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (QLD) and the Information Privacy Act 2009 (QLD).

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