# CODE OF BEHAVIOUR

## Player’s Code of Behaviour

1. Play sport for the fun of it.
2. Compete by the rules and always abide by the referee’s/umpire’s decisions.
3. Control your temper. Make no criticism either by word or gesture.
4. Be a good sport. Encourage fellow team members.
5. Play only when fit and always wear the correct safety equipment.

## Coaches’/ Teachers’ Code of Behaviour

1. Encourage children to play for the fun of it and do not overemphasise winning.
2. Create opportunities to teach sportsmanship.
3. Never ridicule children for making mistakes or losing.
4. Avoid overplaying talented players.
5. Ensure children use safety equipment and adhere to safety guidelines.
6. Develop team respect and respect for the judgement of officials.

## Parents’/ Spectators’ Code of Behaviour

1. Encourage participation by your children.
2. Provide a model of good sportsmanship for your child to copy.
3. Encourage honest effort, skilled performance and team loyalty.
4. Demonstrate appropriate social behaviour at games/carnivals.
5. Let game officials conduct events without interference.
6. Demonstrate respect for opposing players and their supporters.

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent’s Name (Please Print)</th>
<th>Player’s Name (Please Print)</th>
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| Sport | Parent’s Signature | Player’s Signature |
# Medical Information Form

The information provided by parent/care giver is being obtained for the purpose of a medical emergency at

[If applicable] Other persons and/or agencies that will be provided with this information are ambulance officers for the purpose of medical attention. Provision of this information is required by law / voluntary. It will be stored securely.

You may correct any personal information provided at any time by contacting the class teacher.

**Student name:** .............................................  **Class:** ..........................

**Parent or caregiver contact details**

**Name:** .................................................................

**Address:** .................................................................

.................................................................

**Home phone:** ..........................  **Work:** ..........................  **Mobile:** ..........................

**Doctor contact details**

**Name:** .................................................................

**Address:** .................................................................

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**Doctor’s telephone:**

1. ..........................  

2. ..........................

**Emergency contact(s) details (nominated by the parent or caregiver as alternate contact)**

1. **Name:** ..........................  **Phone:** ..........................

2. **Name:** ..........................  **Phone:** ..........................

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

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**Medical conditions or Illnesses continued**

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**Outline special dietary needs including possible reaction to inappropriate diet**

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**Medication(s) to be administered during the excursion. Include name of medication, instructions for administration, time of administration, and any possible reactions**

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**Signature:** .................................................................  **Date:** ..........................

*Please return this form by:  Friday 6th March, 2015*