

2026 Rugby League

Dear Parent/Caregiver,

Your child has expressed interest in representing Nerang State High School in Rugby League for the 2026 season. This year, we have again entered multiple teams into the Titan's School Challenge, which will commence in Term 1 for Years 7–10, and in Term 2 for Years 11–12 and Years 7–12 girls.

As Rugby League is a contact sport with an increased risk of injury, parental consent is required. Please note that there are additional pages within this consent package that must be read and completed, including consent for your child's participation, media consent, and medical information updates. Once all consent forms have been completed and signed, parents and students will receive further information regarding training schedules and competition details.

Throughout the year, students will participate in a range of Rugby League-related activities in preparation for the Titan's School League Challenge and other one-day events.

To participate in Rugby League training sessions, games, and weight training held during lunch breaks and after school, students must comply with the guidelines outlined in the "2026 Rugby League Consent Booklet", available on the school's website by clicking this [link](#). This booklet contains important information regarding training expectations, competitive matches, player and spectator codes of conduct, mouthguard requirements, concussion management, team selection procedures, and off-campus activities.

By signing this form, I agree that:

- 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 does not have personal accident insurance cover for students.
- I understand that the NRL and Gold Coast Titans do not provide insurance for this competition.
- I have read and understand the "2026 Rugby League Consent Booklet" in its entirety.
- I understand that I must have all annual school fees paid for my child to participate in this activity.
- I understand I must transport my child to and from the events.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require.
- I accept liability for all reasonable costs incurred by the Department of Education in obtaining such medical assistance or treatment and undertake to reimburse the Department of Education the full amount of those costs.
- I have kept the school up to date on all relevant details of my child's medical or physical needs.

I consent for my child _____ in Year Level _____, to participate in the sport of Rugby League at Nerang State High School. I have read all components in this form and the "2026 Rugby League Consent Booklet"

Parent/Guardian

Name (Please print): _____ Contact Number: _____

Parent Guardian

Signature: _____ Date: _____ / _____ / _____

Please return consent to Mr Cowley in the Science Department

Media Consent

Media Information

Nerang State High School is proud of participants within the rugby league program and like to acknowledge the program's success.

Often, photos or videos may be taken to promote the program's success in which students may be visible. These photos/videos may be posted to the schools Facebook and Instagram social media accounts and embedded within the school's newsletter.

Please indicate your consent regarding the use of your child's media within these social media accounts.

Parent/Carer

I give permission for the following media to be used on the schools Facebook and Instagram accounts and newsletter to promote the rugby league program at Nerang State High School.

Tick applicable

Full Name	<input type="checkbox"/>
Photographic Content	<input type="checkbox"/>
Video Content	<input type="checkbox"/>
First Name Only	<input type="checkbox"/>
No Name	<input type="checkbox"/>
No Media	<input type="checkbox"/>

Student Name:	
Parent/Guardian Signature:	

Please return consent to Mr Cowley in the Science Department

Nerang State High School

STUDENT MEDICAL INFORMATION

Name: _____ Date of Birth: _____ Roll Class: _____ Year Level: _____

In case of emergency - Home Phone Number: _____

Parent/Carer contact number: _____ Parent/Carer contact number: _____

If parent unavailable, emergency contact name: _____

Home Phone Number: _____ Work Phone Number: _____

PROBLEMS			DETAILS
HEART PROBLEMS		YES / NO	
RESPIRATORY e.g. ASTHMA		YES / NO	
ALLERGIES	Food Drug Ointments Other	YES / NO	
DIABETES		YES / NO	
BLOOD PRESSURE		YES / NO	
RECENT OPERATIONS		YES / NO	
EPILEPSY		YES / NO	
RECENT ILLNESS		YES / NO	
PHOBIAS		YES / NO	
BACK, BONE, JOINT PROBLEMS		YES / NO	
OTHER (including allergies)		YES / NO	

Date of last Tetanus booster: _____

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any doctor's instructions.

Please give details of any **problems - medical or physical** - which would limit your student's full participation in any activity, including any food restrictions.

Medical insurance details of Medicare Cardholders

Name: _____ Medicare Number: _____

Additional Health Insurance: YES / NO

Parent/Carer Signature: _____

Independent Student Signature: _____ Date: _____

Privacy Statement: The Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be used or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.