Swimming & Track and Field – Certificate of Competence and Consent / Medical Declaration Form

Queensland students participating in high and extreme risk field events (High Jump - Fosbury Flop, Discus, Javelin, Hammer Throw and Pole Vault) at School Sport Track and Field Championships, or in swimming events in a pool at School Sport Swimming Championships (District, Regional, State and National levels), are required to provide parent/carer consent and a medical declaration. Students may also be required to provide a Certificate of Competence to be nominated for competition.

The **Certificate of Competence** form (below) provides confirmation from a suitably qualified coach/teacher that the student can execute the technique required for each event at a standard which is not likely to cause an unreasonable risk to the safety of themselves, other students, or officials. Should a suitably qualified supervisor determine that a student's technique is unsafe during competition, they may request the student to modify their technique or remove the student from competition. If the student has already qualified for selection during the competition, they may be required to provide a new certificate of competence (or evidence of additional instruction and training from a suitably qualified coach) prior to being nominated for the next level of competition.

Parents/carers must complete the consent and medical declaration sections below (tick all relevant boxes). Students with an identified medical condition must also provide a medical clearance to participate.
Failure to submit the consent and medical declaration/clearance will result in the student being unable to participate (or use the Fosbury Flop technique) in the specific field event.

Student Details			
Student's Name		**Date of Birth**	
School			

Parent / Carer Consent

I, _____ (name of parent) understand the listed field events are considered as high/extreme risk. I give consent for my child (details above) to participate in the following event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**
☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Parent / Carer Medical Declaration

I, _____ (name of parent) declare my child (details above) has **NO** identified medical condition/s that may impact their safety during participation in the following high/extreme risk field event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**
☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Only complete the following section if your child has an identified medical condition and has been given medical clearance to participate in a specific field event.

I, _____ (name of parent) declare my child (details above) **DOES HAVE** an identified medical condition/s that may impact their safety during participation in high/extreme risk field event/s.

I have provided a medical certificate declaring my child is clear to participate in the following event/s.

(tick each box relevant to your child)

☐ **HIGH JUMP (Fosbury Flop technique)** ☐ **DISCUS** ☐ **JAVELIN** ☐ **HAMMER** ☐ **POLE VAULT**
☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Discus & Javelin – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in: ☐ DISCUS☐ JAVELIN**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:

- a registered teacher with qualifications in Physical Education (or equivalent demonstrated capability) and competence (knowledge and skills) in teaching discus/javelin OR
- an adult supervisor, working under the direct supervision of a registered teacher, with current level 2 club coach accreditation from Athletics Australia

Hammer – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required to **safely compete in: ☐ HAMMER**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:

- *For standing throws*: A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current **Level 2** club coach accreditation from Athletics Australia and experience in coaching hammer throw.
- *For turning throws*: A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current **Level 3** performance development coach accreditation from Athletics Australia and experience in coaching hammer throw.

High Jump (Fosbury Flop) – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required **to safely compete in High Jump using the Fosbury Flop.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:

- a registered teacher with qualifications in Physical Education (or equivalent demonstrated capability) and competence (knowledge and skills) in teaching high risk high jump (e.g. successful completion of a high jump workshop approved by Athletics Australia) OR
- an adult supervisor, working under the direct supervision of a registered teacher, with current Development Coach Level 2 accreditation from Athletics Australia.

Pole Vault – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of the technique required **to safely compete in Pole Vault.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:

- A registered teacher, or other adult supervisor working under the direct supervision of a registered teacher, with current Level 3 Performance Development Coach accreditation from Athletics Australia and experience in coaching pole vault

Swimming – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of **diving from blocks at all swimming trials and championships.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:

Supervisors, including registered teachers, engaged to conduct any other curriculum activities in pools may hold either:

- swim coach qualification (e.g. development coach accreditation with Swimming Australia or a Towards competitive strokes from AUSTSWIM
- another qualification that demonstrates current aquatic supervision knowledge and skills, such as unit of competency or similar (e.g. Deck Supervisor accreditation with RLSSQ).