

**Deadly Choices**  
www.deadlychoices.com.au

▼  
YOU  
FOR  
**20**  
**32**  
QAS



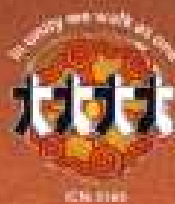
# OLYMPIC TALENT SEARCH AND COMMUNITY DAY

SATURDAY 18TH MARCH

10AM - 12PM (13 - 18 YEAR OLDS) | 1 - 3PM (18 - 23 YEARS OLDS)

MULTI-PURPOSE COURTS, 20-26 ALICE STREET, CUNNAMULLA QLD 4490

Please have the registration forms returned to CACH Deadly Choices Team prior to participating in the athletic testing.



**Cunnamulla**  
Municipal Corporation for Health



# QAS Consent to Athlete Testing, Assessment, Medical and Treatment

## Youfor2032 Talent Identification program



The Queensland Academy of Sport (QAS) places the highest priority on protecting the interests, comfort and safety of athletes, students and volunteers whilst also supporting the principles governing the ethical conduct of athlete servicing and related research. To help you train and compete at your best, qualified QAS Performance Support staff may undertake certain assessments and physical testing to help guide you and your coach in training decisions.

This form is given to you for your information and protection. The form contains a broad outline of proposed procedures and risks associated.

You are required to read this informed consent form and you acknowledge you have done so by signing below. Failure to sign will mean you are not eligible to undergo testing or assessment from QAS support staff and health providers.

### Athlete Testing

Current testing procedures may cover individual and/or group assessment or counselling. All procedures have been determined to be of value to program outcomes and will be explained in detail by trained specialists in each area.

Some of the current activities you may be asked to participate in include, but may not be limited to:

- Health Consultation/Screening
- Biomechanical and Physiological Laboratory and Field Testing

### Risks

**Exercise Testing:** During exercise testing, you will be required to perform physical exercise at or near the extent of your physical capacity. Cardiovascular changes, such as abnormal blood pressure, nausea, fainting, dizziness, confusion, light-headedness, heart-beat disorders, and in rare instances heart attack or death can occur. Every effort will be made to minimise these risks both prior to and during your assessments. Strength testing and measures of physical performance may also be assessed, requiring muscle effort and intense exertion at times.

**Other:** Any other testing will be explained in full by the Performance Support team at the time of the procedure. In these instances, additional information and consent form will be provided.

If, at any time during testing and treatment you feel unwell or unable to continue, you must immediately advise the Performance Support team delivering the testing or treatment.

### Outcomes

You will receive a full explanation of any results, whether from exercise testing, group workshops, or individual athlete consultations. You must receive satisfactory answers to your questions and maintain the right to ask further questions whenever they may arise. Any inquiries or further questions may be directed to your coach. You may be referred to an external health provider (e.g., Sports Dietitian) after results are discussed.

### Personal Information

The Department of Tourism, Innovation and Sport represented by the Queensland Academy of Sport (QAS) manages personal information in accordance with the *Information Privacy Act 2009* (Qld). The QAS is collecting personal

information on this Form and during the testing and assessment process to record athlete performance data for the purposes of performance analysis, guidance in athlete selection, to determine participation in Youfor2032, associated with participation in Youfor2032, tailoring of performance servicing to individual athletes and squads and assist in delivery of emergency care if required. Any of your testing and screening results that include personal information (i.e., your name) will be kept and stored by the QAS in the respective area (e.g., Laboratory, Sports Science Department) and/or electronically on the QAS's and/or the QAS's contracted service providers secured network where access is limited to authorised staff.

In addition to being provided to QAS employees and contractors, your personal information may be disclosed to relevant State and National Level Sporting Organisations, Coaches, Australian Institute of Sport and appropriate QAS contracted service providers for Youfor2032, for the purposes of managing the Youfor2032 website and portal, analysing the data, informing high performance sport suitability and generating feedback reports from testing data. The report provided to the QAS which will contain your personal information will be used by the QAS and shared with the relevant State and National Level Sporting Organisations as necessary to determine your high-performance sport suitability.

If you have any concerns, please discuss this with a member of the QAS Performance Support team before signing this Form or email [Youfor2032@dtis.qld.gov.au](mailto:Youfor2032@dtis.qld.gov.au).

Some of your personal information may be collated in a statistical format (in a deidentified and aggregate format) and may be given to and used by the QAS or its contractors and research partners for statistical or research purposes, which could be published.

Any personal medical records will be treated by QAS medical staff as confidential. If you wish to withdraw consent to sharing of particular medical information with your Coach and persons outside of the QAS, please notify the practitioner at the time of testing. If this withdrawal of consent impacts on your ability to safely train in a high-performance environment, you may be medically withdrawn after consultation with medical staff.

Personal information will not be disclosed to any other third parties without the consent of the person/s to whom the personal information relates (or a parent/carer/guardian where it relates to a child), unless authorised or required to do so by law. Further information on how the Department of Tourism, Innovation and Sport manages personal information can be found at [dtis.qld.gov.au/site-information/privacy](http://dtis.qld.gov.au/site-information/privacy).

### **Voluntary Involvement**

It is important that you freely volunteer to be involved in testing, workshops and various forms of assessment. This means that you should understand what is required of you and the tests you will perform and understand any impact that this participation may have on your health and the associated risks. If you want to know about any of the procedures then don't hesitate to ask your Coach, sport scientist or relevant specialist.

### **Any Matter of Concern and Emergency Treatment**

You have an obligation to disclose any information (i.e., a pre-existing medical condition), which may contribute to your level of risk. Furthermore, you will continue to inform your Coach and those QAS staff conducting your assessments of any changes in your health or physical condition, which may alter your risk status.

If your participation in testing or workshops etc. causes concern, please discuss with your Coach or Performance Support team.

You consent to the QAS performing first aid on you, if required, and calling emergency services. You acknowledge and agree that you will be responsible for any third-party costs of receiving emergency medical treatment.

**Do you have any of the following medical conditions? (Tick the ones that apply)**

- Asthma
- Epilepsy
- Diabetes
- Cardiac conditions
- Anaphylaxis If yes, what are you allergic to? \_\_\_\_\_

Please advise us of any health conditions or other information relevant to your health when participating in testing and assessment under the supervision of QAS staff. This includes information of relevance to first aid or emergency treatment, including personal medications, known allergies and significant medical conditions.

**Application of this Form**

The consents provided under this Form continue for 12 months from the date of signing (below). You (or your parent/guardian) may withdraw consent at any time by notifying the QAS in writing. The consent will continue to apply to any personal information collected up to the time of the withdrawal notification being received by the QAS. If you withdraw consent, then you will no longer be able to participate in the testing, assessment and treatment provided by the QAS.

**Agreement**

By completing this Form, you:

- have voluntarily chosen to participate in or where you are a parent/guardian of the participant agree to your child's participation in, the testing, assessment and treatment provided by the QAS as set out in this Form;
- warrant that you/the participant are in good health and proper physical condition to safely participate in the activity and have no known medical conditions that would adversely affect your/the participant's ability to safely participate;
- acknowledge that you are aware of the testing, assessment and treatment that may be provided by the QAS, and understand that participating may involve physical activity of a strenuous nature, and that the testing, assessment and treatment is not completely free from risk, there are certain inherent risks which cannot be eliminated, and you knowingly assume all of the inherent risks of these activities;
- consent to the information on this Form and collected as part of the participation in the testing, assessment and treatment provided by the QAS being used as outlined in this Form;
- release and discharge the QAS, Department and its employees, agents, officers, contractors, and other authorised representatives, from any and all liability for loss, claims, demand, damage, injury or expense, that you/the participant, suffer as a result of participation in the testing, assessment and treatment (including the provision of first aid, medical procedures and emergency treatment) due to any cause whatsoever (excluding the QAS's negligence).

**Athlete Name:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**For Athletes over 18 years of age:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Athletes/Volunteers Under 18 years of age:**

Parent/Guardian Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Film/Photo Consent Form

Activity/location/context/purpose: \_\_\_\_\_

\_\_\_\_\_ (insert description) Date: \_\_\_\_\_ (insert date)

I, \_\_\_\_\_ (insert name),

of \_\_\_\_\_ (insert address):

**For parents/legal guardians of children (if applicable)**

1. **declare** that I am the parent/legal guardian of the following child or children

\_\_\_\_\_ (collectively, "the Children")

2. **agree** to the State of Queensland, its employees, officers, agents and contractors ("the State")

- (a) making images or recordings, whether sound, digital or otherwise, of me and the Children ("Images and Recordings");
- (b) using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials"); and
- (c) retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally;

3. **agree** that the rights granted to the State under clause 2 of this Photo Consent Form are perpetual and that I will not receive any payment, royalty or other consideration (whether monetary or otherwise) from the State in connection with the making, use or storage of the Images and Recordings;

4. **agree** to the State collecting, storing, handling, accessing, managing, transferring, using and disclosing personal information about me and the Children, including but not limited to our name, details and image, in connection with the Images and Recordings or the Promotional Materials;

5. **acknowledge and agree** that any Promotional Materials which refer to me and the Children, expressly or by implication, are, at the date of publication, made in good faith and are not intended to defame or offend me or the Children or bring me or the Children into disrepute and, to the best of the State's knowledge, are true and correct;

6. **agree** that the State is the owner of the copyright in the Images and Recordings and the physical Images and Recordings; and

7. **acknowledge** that a representative of the State has explained the contents of this Photo Consent Form to me and I am signing this Photo Consent Form of my own free will, on the full understanding and comprehension of the terms of this Photo Consent Form.

**Signed by:**

\_\_\_\_\_   
 Print name

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Date

**Witnessed by:**

\_\_\_\_\_   
 Print name of witness

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Date

Contact Officer: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Privacy Notice*

The Department/Agency is collecting the information on this Photo Consent Form in order to use Images and Recordings of you or the Children in Promotional Materials for the Queensland Government and as otherwise stated above. This information will only be accessed by authorised employees within the Department/Agency. Some of this information may be given to other departments/agencies, contractors of this Department/Agency and other departments/agencies for the purpose of using Images and Recordings of you and the Children in Promotional Materials. Your information will not be given to any other person or agency unless you have given us your consent or we are required or permitted by law.

## YouFor2032 Olympic Talent Search – Application Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Must be between 2000 and 2010)

Contact Number: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Background Information**

Biological mother height (cm) \_\_\_\_\_

Biological father height (cm) \_\_\_\_\_

## **Sporting History**

Please tell us about three (3) sports you have participated in and your highest level of competition.

Sport 1: \_\_\_\_\_

Competitive level (Please select one): - Local/school/club

- Regional
- State
- National
- International

Sport 2: \_\_\_\_\_

Competitive level (Please select one): - Local/school/club

- Regional
- State
- National
- International

Sport 3: \_\_\_\_\_

Competitive level (Please select one): - Local/school/club

- Regional
- State
- National
- International

Do you prefer Team sports or Individual sports?

- Team Sports
- Individual Sport
- Team or Individual Sports (Either one)

**Please rate each of the following statements according to your strengths:**

1. Sports such as triathlon and swimming require you to be a strong swimmer. How would you rate your swimming ability?

- Not my strength
- Average
- Good
- Very Good
- Excellent

Supply your best time in each of the following freestyle events (if known):

50m: \_\_\_\_\_

100m: \_\_\_\_\_

200m: \_\_\_\_\_

2. Some sports like triathlon require you to be a good endurance runner (i.e. you are able to run at a fast pace for several kilometres). How would you rate your endurance running ability?

- Not my strength
- Average
- Good
- Very Good
- Excellent

Supply your best time in each of the following events (if known):

800m: \_\_\_\_\_

1500m: \_\_\_\_\_

3000m: \_\_\_\_\_

5000m: \_\_\_\_\_

3. Some people excel at doing impressive tricks on a skateboard or a BMX freestyle bike. How "tricky" are you?

- Not my strength
- Average
- Good
- Very Good
- Excellent



4. Some people excel at flipping, spinning or somersaulting through the air in sports such as gymnastics, trampolining or acrobatics. How would you rate your ability at flipping, spinning or somersaulting?

- Not my strength
- Average
- Good
- Very Good
- Excellent

If known, what is the highest level of gymnastics competition you have reached? \_\_\_\_\_

5. Some people excel at risk taking despite the possibility of getting hurt. Are you a risk taker?

- Not my strength
- Average
- Good
- Very Good
- Excellent

6. Some sports require solid physical contact during play. How would you rate your level of comfort with physical contact with other players?

- Not my strength
- Average
- Good
- Very Good
- Excellent

Of the following eligible sports for the *Youfor2032* program, indicate using the RAGG (red, amber, green, gold scale) how motivated you are to try the sport.



Do Not Want to Try







I'm Unsure



Willing to Try



Absolutely Keen to Try

Sport Rating				
<b>MALE AND FEMALE</b>				
Aerial Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics (Circular Throws)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beach Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canoeing (Sprint)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling (BMX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycling (Track Spring / Track Endurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sailing (Kite Foil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triathlon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALE ONLY</b>				
Football (Soccer – Goal Scorers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football (Soccer – Goalkeepers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rugby 7s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sailing (Crew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 1 Attend *Youfor2032* Talent Search Testing Day



Two-hour session



Up to 60 athletes per session



Education session for  
parents/guardians



Testing conducted by expert  
professional Sports Scientists



Rotate through 7 stations



First aid onsite



Indoor and undercover venue

2 Receive **personalised report** showing testing results compared to benchmark – within 1 month of test day.

3 Receive **communication** from the QAS to advise if successful to progress to the Talent Confirmation Stage with Sports – within 3 months of test day.

# OLY Testing Phase Session

STATION 1	STATION 2	STATION 3	STATION 4	STATION 5	STATION 6	STATION 7
<b>Anthropometry</b> Height (cm) Weight (kg) Arm span (cm) Sitting height (cm/%)	<b>Power</b> Vertical jump (cm)	<b>Speed</b> 20 m sprint (s)	<b>Agility</b> 4 x 10 m (s)	<b>Strength/End.</b> Inclined Pull-ups (max in 30s)	<b>Video</b> 1. Who are you? 2. Why are you here? 3. What is special/unique about you?	<b>Endurance</b> 20 m Shuttle Run test (level/run)

