

NORTHERN RIVERS ZONE PSSA

AFL

SELECTION TRIALS

Nominations are invited from affiliated Primary Schools within the Zone PSSA to enter students in the Northern Rivers Zone PSSA Selection Trials.

Date: Wednesday 25th March 2020
Venue: Yamba Sporting fields, Angourie Road, YAMBA.
Time: 10.00am - 2.30pm
Lunch: Provide own
Levy: **\$5:00 per child**
PAYABLE TO YOUR SCHOOL OFFICE

Team Manager: Phil Cavanagh
Yamba Public School
Tel: 6646 2420
Email: philip.cavanagh@det.nsw.edu.au

Entries: Email entries to the Team Manager by Wednesday 18th March 2020

Please use the attached Nomination Form.

General:

1. Schools are asked to arrange transport in consultation with parents of competitors.
2. If the weather appears doubtful, listen to local radio stations for postponement announcements or contact the Team Manager.
3. Students are required to supply their own equipment needed for trials. Mouth guards are recommended.

Northern Rivers Team: A team will be selected to attend the North Coast selection trials to be held at Coffs Harbour on Wednesday 1st April 2020

PLEASE FOLLOW THESE STEPS
(This is YOUR Responsibility)

1. Complete Consent Form.
2. Take Consent Form and levy to school for Principal & Sports Organiser to approve & sign.
(A photocopy of the consent form should be kept by the school.)
3. Schools to EMAIL nomination sheet to Team Manager.
4. Student to hand consent form to the Team Manager on the day of the Northern Rivers Zone trials.
5. If unable to attend, please RING the Team Manager ASAP.

NRPSSA ZONE REPRESENTATIVE CONSENT FORM

ATTENTION PARENTS! This completed Consent Form should be handed to NRPSSA Team Manager at the trials.

SPORT: *NRPSSA AFL*
DATE/S: *Wednesday 25th March 2020*
VENUE: *Yamba Sporting fields, Angourie Road, YAMBA*
LEVY: *\$5:00 per student – payable to your school*

TEAM MANAGER: Phil Cavanagh
Yamba Public School
Tel: 6646 2420
Email: philip.cavanagh@det.nsw.edu.au

Student Details (Please print clearly)

Student Full Name: _____

Parents/Caregiver Full Name: _____

Address: _____

Postcode: _____ Date of Birth: _____

School: _____

Phone: (Home) _____ (Work) _____ (Mobile) _____

Medical Details

Medicare Number: _____ Expiry Date: _____

The date/year of my child's last tetanus injection was: _____

My child is allergic to: _____

Please indicate if your child has:

- Asthma YES / NO
- Anaphylaxis YES / NO

If you have indicated YES, a medical plan from a Doctor must be attached to this form. Relevant medication and/or equipment should accompany the student to the sports trials. The Team Manager should be advised of this at the beginning of the trials.

Any medical details or special needs which the team manager might need to know:

Medical Insurance: Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child's involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from www.sportinginjuries.com.au.

Travel Details

My child WILL travel privately to and from the carnival with: _____

Relationship to my child: _____

Privacy Notice

The personal information provided on this permission note, will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

Please be aware that the media exposure at this event may result in your child's name, school details and/or photograph appearing in a Newspaper, on Television or on websites including the School Sport Unit website at

<https://app.education.nsw.gov.au/sport/NorthCoast> or www.northernriverspssa.com

If you have a concern with this occurring, please contact the team management or Regional Sport Organiser immediately.

Principal's Declaration

Student name: _____

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

SIGNED: _____
(Principal) (Date)

NOTED BY: _____
(Sports Organiser)

Parental Consent

- I have read the information issued and I hereby consent to my child participating in this event.
- I understand that my child will be under the supervision of Team Manager/s and will not be allowed to visit friends or relatives without my written permission and that of the Team Managers.
- I understand in having a child/ward represent this Association, I may be asked to billet a visiting student in the future.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist team management at the Championships and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.

SIGNED: _____
(Parent/Guardian) (Date)

School Office use only

Payment of the levy has been received from the student and processed by the school. The school will send all levies paid to the school for NRPSSA events to the Northern Rivers PSSA as required in term 3.

Signed: _____ Name: _____ Date: _____

Please certify with a school stamp:

Students are unable to participate without Principal approval and having paid the levy to their school.

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AFL

SELECTION TRIALS

SCHOOL NOMINATION FORM

School:

NAMES

BRIEF HISTORY

Position, Rep teams etc.

1.....

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2.....

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3.....

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4.....

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5.....

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Nominated by: _____ Position on Staff: _____

N.B. PLEASE LIST PLAYERS IN ORDER OF ABILITY

This nomination form is to be returned to:

Team Manager: Phil Cavanagh
Yamba Public School
Tel: 6646 2420
Email: philip.cavanagh@det.nsw.edu.au

Entries: Email entries to the Team Manager by Wednesday 18th March 2020

Please note: If insufficient entries are received the scheduled trials will not be held.

The Team Manager will notify any school who nominated students advising them of the cancellation and providing the students with information for the North Coast PSSA Trial.

If nominations are excessive in number, an Assistant Team Manager may be appointed. Team Managers are asked to contact an available NR Executive Member for approval.