NORTHERN RIVERS ZONE PSSA BASKETBALL 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:	Friday, 6th March 2020		
Venue:	Goonellabah Sports and Aquatic Centre		
Time:	Session 1 - 10.00am - 12.00pm – Girls		
	Session 2 - 12.30pm - 2.30pm – Boys		
Lunch:	Provide own		
Levy:	\$5:00 per child - PAYABLE TO YOUR SCHOOL OFFICE		
	-		
Team Managers:			
Girls		Boys	
Mr Troy Dav	vies	Mr Steve Manser	
Lismore Public School		The Channon Public School	
Tel: 6621 5366		Tel: 6688 6236	
Email: troy.davies9@det.nsw.edu.au		Email: stephen.manser3@det.nsw.edu.au	
Entries:	Entries: Email entries to the Team Manager by Friday 28 February 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 including appropriate shoes etc.

Northern Rivers Team: A boys and a girls team will be selected to attend the North Coast selection trials to be held at Grafton on Wednesday 18th March, 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 F	ARENTS! This complete	ed Consent Form should be handed to NRPSSA Team Manager at the trials.		
SPORT: DATE/S: VENUE: LEVY:	NRPSSA Basketball Friday 6th March 2020 Goonellabah Sports and Aquatic Centre, GOONELLABAH \$5:00 per student – payable to your school			
TEAM MAN	AGERS:			
Girls:	Troy Davies Tel: 6621 5366	Lismore Public School Email: troy.davies9@det.nsw.edu.au		
Boys:	Stephen Manser Tel: 6688 6236	The Channon Public School Email: stephen.manser3@det.nsw.edu.au		
□ <u>Student</u>	Details (Please print of	clearly)		
Student F	ull Name:			
Parents/C	aregiver Full Name:			
Address:				
Postcode	:	Date of Birth:		
School:				
Phone: (H	lome)	(Work) (Mobile)		
□ <u>Medical</u>	<u>Details</u>			
Medicare	Medicare Number:Expiry Date:			
The date/	year of my child's last tet	anus injection was:		
My child is	My child is allergic to:			
Please inc	dicate if your child has:			
	sthma YES / naphylaxis YES /			
medicatio		medical plan from a Doctor must be attached to this form. Relevant should accompany the student to the sports trials. The Team Manager beginning of the trials.		
Any medie	cal details or special nee	ds 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 <u>www.sportinginjuries.com.au</u>.

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:			
(Pare	nt/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.			

NORTHERN RIVERS ZONE PSSA BASKETBALL

SELECTION TRIALS

SCHOOL NOMINATION FORM

School:		
BOYS	GIRLS	
1	1	
2	2	
3	3	
4	4	
5	5	
Nominated by:	Position on Staff:	

N.B. PLEASE LIST PLAYERS IN ORDER OF ABILITY

This nomination form is to be returned to:

GIRLS	and	BOYS	
Mr Troy Davies		Mr Stephen Manser	
Lismore Public School		The Channon Public School	
Email: troy.davies9@det.nsw.edu.au		Email: stephen.manser3@det.nsw.edu.au	

by Friday 28 February 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.