# NORTHERN RIVERS ZONE PSSA FOOTBALL/SOCCER SELECTION TRIALS

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

Toom Monogory	DOVO	
Levy:	\$5:00 per child	PAYABLE TO YOUR SCHOOL OFFICE
Lunch:	Provide own	
Time:	10.00am - 2.30pm	
	Park East Lismore)	
Venue:	Southern Cross Football Centre, Crawford Road, East Lismore (near Thistles	
Date:	Friday 20 March 20	020

Team Manager:	BUTS	
_	Andrew Di	xon
	Lismore South Public School	
	Tel:	6621 3433
	Email:	andrew.dixon@det.nsw.edu.au

Entries: Email entries to Team Manager by Friday 13th 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. Shin Pads are compulsory.

Northern Rivers Team: A team will be selected to attend the North Coast selection trials to be held at Lismore on Monday 30 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 <u>EMAIL</u> 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 CONTACT the Team Manager ASAP.

# NRPSSA ZONE REPRESENTATIVE CONSENT FORM

ATT	ENTION PARENTS	<b>S</b> ! This completed Consent Form sl	hould be handed to NRPSSA Team Manager at the trials	S.
DA VE	ORT: TE/S: NUE: /Y <b>:</b> AM MANAGER:	Park East Lismore) \$5:00 per student – payable	ol	es
	Student Details	(Please print clearly)		
	Student Full Name	:		
	Parents/Caregiver	Full Name:		
	Postcode:	Date of Birth:		
	School:			
	Phone: (Home)	(Work)	(Mobile)	
	Medical Details	<u>)</u>		
	Medicare Number:	- 	Expiry Date:	
	The date/year of m	iy child's last tetanus injection was:	:	
	My child is allergic	to:		
	Please indicate if y	/our child has:		
	<ul><li>Asthma</li><li>Anaphylax</li></ul>	YES / NO kis YES / NO		
	medication and/o should be advised	or equipment should accompan d of this at the beginning of the t	om a Doctor must be attached to this form. Releasy the student to the sports trials. The Team Mana trials. team manager might need to know:	
	Training for students in are advised to access t state school sport asso accident insurance cove The NSW Supplement	n relation to school sporting activities, physi- the level and extent of their child's involvem ociations when deciding whether additional ter is available through normal retail insurance tary Sporting Injury Benefits Scheme, fun- nent loss of a prescribed faculty or the use	al injury insurance cover provided by the NSW Department of Educatio ical education lessons or any other school activity. Parents and care nent in the sport program offered by the school, school sport zone, are l insurance cover, above that provided by Medicare, is required. Per nce outlets. Inded by the NSW Government, provides limited cover for serious a of some prescribed part of the body. Further information can be obt	givers a and sonal injury

#### 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/Guar	rdian) (Date)	
School Office use only		
	eceived from the student and processed by the e Northern Rivers PSSA as required in term 3.	school. The school will send all levies paid to the
Signed:	Name:	Date:
Please certify with a school stat	np:	
Students are unable	to participate without Principal approval a	nd having paid the levy to their school.

# NORTHERN RIVERS ZONE PSSA

# SELECTION TRIALS

# SCHOOL NOMINATION FORM

School:	
NAMES	Position / Representative Involvement
1	
2	
3	
4	
5	
Nominated by:	Position on Staff:

## N.B. PLEASE LIST PLAYERS IN ORDER OF ABILITY

This nomination form is to be returned to:

Team Manager:	BOYS	
	Andrew Dixo	n
	Lismore Sou	Ith Public School
	Tel:	6621 3433
	Email:	andrew.dixon@det.nsw.edu.au

## by Friday 13th 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.