<table>
<thead>
<tr>
<th><strong>SPORT:</strong></th>
<th><strong>AFL</strong></th>
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| **DATE FOR TRIALS:** | Term 1 Week 9 - Trial 1: Friday 1st April  
Term 1 Week 10 - Trial 2: Wednesday 6th April  
Term 2 Week 1 - Training: Wednesday 27th April  
Term 2 Week 2 – ACT Carnival: Thursday 5th May |
| **VENUE FOR TRIAL:** | Kaleen Primary School  
(oval behind school off Ashburton Crt) |
| **TIME FOR TRIALS:** | 4.00pm to 5.00pm |
| **WHAT TO WEAR:** | T-shirt, shorts, football boots |
| **WHAT TO BRING:** | Drink bottle, mouth guard. |
| **IF TRIAL CANCELLED:** | Trials will be postponed to the following week |
| **ACT CARNIVAL:** | Term 2 Week 2 – ACT Carnival: Thursday 5th May |
| **COST OF CARNIVAL:** | $7 if selected in the Belconnen region team |
| **CONTACT:** | Craig White- Kaleen Primary School |
| **WHO IS ELIGIBLE:** | Students in years 5/6 – experienced girl players welcome. |
ACT SCHOOL SPORT
NOMINATION FORM

NAME: ______________________________________________________

HEIGHT & WEIGHT: Height ____________  Weight ______________

HOME PHONE NUMBER: ______________________________________

EMAIL _____________________________________________________

SCHOOL CONTACT PERSON: __________________________________

PLAYING HISTORY: __________________________________________

________________________________

REPRESENTATIVE EXPERIENCE: _________________________________

________________________________

MEDICAL DETAILS:

Does your child have any medical conditions that may be relevant?  If so, please explain.

DATE OF LAST TETANUS INJECTION: __________________________

EMERGENCY CONTACT DETAILS: ______________________________

NAME: RELATIONSHIP: ______________________________________

PHONE: MOBILE: ____________________________________________

MEDICARE NUMBER: _________________________________________

This nomination form, along with the consent form, should be given to the Team Manager for the sport after it has been signed by the students, the parents/guardians and the Principal.
SPORT: AFL
LOCATION: Kaleen Primary School
TIME: 4.00pm – 5.00pm

PARENTAL CONSENT:

As a Parent/Guardian of ______________________ born on ____________ from (School): ________________

I give my consent for him/her to participate in the selection trials/training sessions and carnival for _______________, and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever discipline they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above mentioned student.

I submit the attached medical information about the above mentioned student and include limitations which he/she has for the activities concerned.

I further authorise qualified medical practitioners to administer anaesthetic if such an eventuality arises.

I agree to collect my child at the time specified for conclusion of the trial/training session.

Parent’s Signature: ____________________________ Date: ________________

CODE OF CONDUCT:

As a TEAM MEMBER I agree that I will:

- At all times cooperate with the coach, team mates and opponents without whom we do not have a competition.
- Work equally hard for myself and for my team.
- Compete by the rules and always abide by the referees/umpires decision.
- Be a good sport and encourage fellow team members.
- Control my temper and make no criticism by word or gesture.
- Follow instructions given by the team manager.
- Remain with my team in the allocated area when not competing.
- Comply with all uniform requirements.

Student’s signature: ____________________________

PRINCIPAL’S DECLARATION:

I am unaware of any reasons for this child not attending the selection trials/training sessions and ACT Carnival if selected.

Principal’s Signature: ____________________________ Date: ________________