**SPORT:** Rugby League

**DATE FOR TRIALS:**  
Tuesday 15 March & Monday 21 March

**VENUE FOR TRIAL:**  
University of Canberra, Ovals 3 & 4

**TIME FOR TRIALS:**  
4pm - 5:30pm

**WHAT TO WEAR:**  
Football shorts, boots

**WHAT TO BRING:**  
Water bottles and mouthguards (Players cannot participate without one)

**IF TRIAL CANCELLED:**  
Schools will be notified

**ACT CARNIVAL:**  
4 May 2016

**COST OF CARNIVAL:** $7 if selected in team

**CONTACT:**  
Haley Stonham (6258 5105)  
Ian Lanham (6205 7488)

**WHO IS ELIGIBLE:**  
Students under 12 years of age
NAME: ________________________________________________________________

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.
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.

I accept my child may be photographed or videoed as part of this school sport activity.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I have sighted the Code of Conduct shown below and agree that if my child contravenes behavioural expectations he/she may be immediately excluded from the team.

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: ____________________