<table>
<thead>
<tr>
<th><strong>SPORT:</strong></th>
<th>Girls 12 and under Cricket</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE FOR TRIALS:</strong></td>
<td>Wednesday 2/3/2016 (Week 5) and Monday 7/3/2016 (Week 6)</td>
</tr>
<tr>
<td><strong>VENUE FOR TRIAL:</strong></td>
<td>Fraser Primary School (Tillyard Dr, Fraser)</td>
</tr>
<tr>
<td><strong>TIME FOR TRIALS:</strong></td>
<td>4.00-5.00pm</td>
</tr>
<tr>
<td><strong>WHAT TO WEAR:</strong></td>
<td>Comfortable clothing</td>
</tr>
<tr>
<td><strong>WHAT TO BRING:</strong></td>
<td>Attached permission notes signed by school, water bottle, hat</td>
</tr>
<tr>
<td><strong>IF TRIAL CANCELLED:</strong></td>
<td>Undercover options available so trial will proceed</td>
</tr>
<tr>
<td><strong>ACT CARNIVAL:</strong></td>
<td>Wednesday 16 March</td>
</tr>
<tr>
<td><strong>COST OF CARNIVAL:</strong></td>
<td>$7 if selected in the Belconnen 12 years and under region team</td>
</tr>
<tr>
<td><strong>CONTACT:</strong></td>
<td>Brooke Hall, Natalie Taylor, Sue Garr 62057866</td>
</tr>
<tr>
<td><strong>WHO IS ELIGIBLE:</strong></td>
<td>Girls who turn 10, 11, 12 in 2016</td>
</tr>
</tbody>
</table>
ACT SCHOOL SPORT
NOMINATION FORM

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.
SPORT: 
LOCATION: 
TIME: 

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: __________________