<table>
<thead>
<tr>
<th><strong>SPORT:</strong></th>
<th>Girls 12 and under Softball</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE FOR TRIALS:</strong></td>
<td>Friday 18/03/16 and Monday 21/3/2016</td>
</tr>
<tr>
<td><strong>VENUE FOR TRIAL:</strong></td>
<td>Turner Primary School (Condamine Street, Turner)</td>
</tr>
<tr>
<td><strong>TIME FOR TRIALS:</strong></td>
<td>3:30-5.00pm</td>
</tr>
<tr>
<td><strong>WHAT TO WEAR:</strong></td>
<td>Comfortable clothing, softball glove</td>
</tr>
<tr>
<td><strong>WHAT TO BRING:</strong></td>
<td>Attached permission notes signed by school, water bottle, hat, softball glove</td>
</tr>
<tr>
<td><strong>IF TRIAL CANCELLED:</strong></td>
<td>TBA</td>
</tr>
<tr>
<td><strong>ACT CARNIVAL:</strong></td>
<td>Thursday 7 April</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>Jenny Maitland - <a href="mailto:jennifer.maitland@ed.act.edu.au">jennifer.maitland@ed.act.edu.au</a></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: 12U Girls Softball
LOCATION: Turner School
TIME: 3:30-5:00

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: ________________