Belconnen Boys U/12 Cricket Trials

Please be advised of the trials for the boys under 12 cricket trials for 2015 on Monday 29th February & Tuesday 1st March from 4pm – 6pm at Aranda oval.

If selected, children will be required to attend the ACT carnival at Canberra Boys Grammar School on Wednesday 9th & Thursday 10th March from 8:30am – 3:30pm.

Notes and details for the trials are below.

Please note that we do not put a cap on attendees from each school.
We have, however, had very large numbers attending trials in the last couple of years, many of whom have very limited skills and experience.

Could I please ask all sports coordinators to only send children that they believe have a realistic chance of performing at a level suitable for representative cricket.
This would generally mean that they play cricket on the weekend (and are generally one of the more successful players), or are particularly skilled at other sporting activities.

The Milo In2 cricket cup, held later in the year, is an excellent opportunity for children with limited experience to participate in a more appropriate cricket competition. If you need information about how to enter your school, please feel free to contact me.

Thank you
Matthew Wieden
Hawker School
62057951

DON’T FORGET PERMISSION NOTES
NO NOTES – NO TRIAL!
<table>
<thead>
<tr>
<th><strong>SPORT:</strong></th>
<th>Boys U/12 Cricket</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE FOR TRIALS:</strong></td>
<td>Monday 29th February and Tuesday 1st March</td>
</tr>
<tr>
<td><strong>VENUE FOR TRIAL:</strong></td>
<td>Aranda Oval, Banambila St, Aranda</td>
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<tr>
<td><strong>TIME FOR TRIALS:</strong></td>
<td>4:00pm - 6:00pm</td>
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<tr>
<td><strong>WHAT TO WEAR:</strong></td>
<td>Sport shoes, sport clothes</td>
</tr>
<tr>
<td><strong>WHAT TO BRING:</strong></td>
<td>Permission note, drink bottle, hat, cricket gear</td>
</tr>
<tr>
<td><strong>IF TRIAL CANCELLED:</strong></td>
<td>Another date will be arranged, dependent on numbers.</td>
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<tr>
<td><strong>ACT CARNIVAL:</strong></td>
<td>Wednesday 9th and Thursday 10th March 2015</td>
</tr>
<tr>
<td><strong>COST OF CARNIVAL:</strong></td>
<td>$7 if selected in the Belconnen 12 years and under region team (This cost includes venue and equipment hire, sports trainers, umpires/referees and other officials and administration costs.)</td>
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<tr>
<td><strong>CONTACT:</strong></td>
<td>Matthew Wieden 62057951</td>
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<tr>
<td><strong>WHO IS ELIGIBLE:</strong></td>
<td>Boys in year 5 and 6</td>
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</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.
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: ____________________