



SCHOOL SPORT ACT

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ACTPSSA School Boys Football Trials 2011

CHANGED VENUE

Students who turn 13 after
30/6/1998
and are in years 7 and 8

Are you interested in being selected for the ACTPSSA Boys
Football Team competing in Canberra from 5th - 9th September?

If so, please RSVP to Vickie Larnach and attend the
following trials with the
compulsory nomination and consent forms.

2011 Trial Dates

Fri 3rd June- Primary School Students PSSA Gala Day - Select Squad Announced

Mon, 20th June- Trials, Curtin Playing Fields (Dunstan Street) 5.30- 7.00pm

Wed, 22nd June- Trials, Curtin Playing Fields 5.30- 7.00pm

Sun, 26th June- Trials, Curtin Playing Fields 2.00- 4.00pm

Wed, 29th June- **IF REQUIRED.** Curtin Playing Fields 5.30- 7.00pm

Mon, 4th July- **A TRAINING SQUAD OF 20 WILL BE ANNOUNCED.** (*Incliment weather, other extenuating circumstances out of our control may extend this date*)

Regular training sessions will be Wednesdays at Curtin Playing Fields 5.30- 7.00pm
An additional day for training may occur closer to the competition date.

Vickie Larnach
Team Manager
vickie.larnach@ed.act.edu

Tony Olivera
Team Coach
Tony.Olivera@medicareaustralia.gov.au

INDIVIDUAL NOMINATION FORM

NAME:

HOME PHONE NUMBER:

.....

SCHOOL CONTACT PERSON:

.....

PLAYING HISTORY:

.....

.....

.....

REPRESENTATIVE EXPERIENCE:

.....

.....

.....

PREFERRED POSITION(S)(IF APPLICABLE):

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.....

MEDICAL DETAILS:

Does your child have any medical conditions that may affect him/her at these trials? If so, please explain.

.....

.....

DATE OF LAST TETANUS INJECTION:

EMERGENCY CONTACT DETAILS:

NAME:..... RELATIONSHIP:

PHONE: MOBILE:

MEDICARE NUMBER:

This information form, along with the consent form, should be given to the Team manager for the sport, after it has been signed by both the parents/guardians and the Principal, at the first trial.

CONSENT FORM

SPORT: PSSA Football Trials

DATE: 20/6, 22/6, 26/6, 29/6

**LOCATION: Curtin Playing Fields
Sun)**

TIME: 5:30-7:00PM (2-4pm)

PARENTAL CONSENT:

As a Parent/Guardian of born on from
.....(School):

I give my consent for him/her to participate in the selection trials for (nominate the event), 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 agree to pay the necessary costs levied on each competitor if my child is selected in the ACT team.

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

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:**

Parent's Name:

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.

Student's signature:

PRINCIPAL'S DECLARATION:

I am unaware of any reasons for this child not attending the selection trial.

Principal's Signature: **Date:**