**NORTHERN RIVERS ZONE PSSA**

**NORTH COAST REGIONAL PSSA**

**Netball –SELECTION TRIALS 2024**

Congratulations, your son/daughter/ward ..............................................................has been selected to represent the Northern Rivers Zone PSSA at the North Coast Primary Schools Netball Selection Trials.

**Date:** Wednesday 19th June 2024

**Venue:** Wiigulga Sports Complex

2033 Solitary Island, Woolgoolga, NSW 2456

**Starting Time:** 9:30am – 1:00pm approximately

(All students attending the trials should arrive at the venue no later than 9:15am)

**Travel:** Parents/Caregivers are asked to arrange transport, in consultation with their child’s school. No bus transport will be provided.

**Team Levy:** $7:00 per student – payable to your school office

**Food**: Students are to bring their own food and water.

**Uniform:** All students to wear school uniforms unless otherwise advised by the NR Team Manager

**Team Manager:** Chloe Nilon

Caniaba Public School

**Tel:** [(02) 6621 4309](https://www.google.com/search?q=caniaba+public+school&rlz=1C1GCEA_enAU1041AU1041&oq=caniaba&gs_lcrp=EgZjaHJvbWUqBwgBEAAYgAQyBggAEEUYOTIHCAEQABiABDIHCAIQABiABDIHCAMQABiABDIHCAQQABiABDIHCAUQABiABDIHCAYQABiABDIJCAcQABgKGIAEMgcICBAAGIAEMgcICRAAGIAE0gEIMjU1NmowajeoAgCwAgA&sourceid=chrome&%7bgoogle:instantExtendedEnabledParameter%7die=UTF-8)

**North Coast Regional Team:** A North Coast Regional team will be selected from these trials to participate at the NSW PSSA State Championships

**PLEASE FOLLOW THESE STEPS**

**(This is YOUR Responsibility)**

1. **Complete Consent Form.**
2. **Take Consent Form and levy to school for Principal & Sports Organiser to approve & sign.**

**(A photocopy of the consent form should be kept by the school.)**

1. **Student to hand Consent Form to the Team Manager on the day of the North Coast trials.**
2. **If unable to attend, please RING the Team Manager ASAP.**

# NCPSSA REGIONAL

# REPRESENTATIVE CONSENT FORM

**ATTENTION PARENTS**! This completed Consent Form should be handed to NRPSSA Team Manager at the trials. If unable to attend please contact the Team Manager ASAP so that a replacement can be found.

SPORT: *NCPSSA Netball*

DATE/S: Wednesday 19th June 2024

VENUE: Wiigulga Sports Complex

2033 Solitary Island, Woolgoolga, NSW 2456

LEVY**:** *$7:00 per student payable to your school*

TEAM MANAGER: Chloe Nilon

Caniaba Public School

**Tel:** [(02) 6621 4309](https://www.google.com/search?q=caniaba+public+school&rlz=1C1GCEA_enAU1041AU1041&oq=caniaba&gs_lcrp=EgZjaHJvbWUqBwgBEAAYgAQyBggAEEUYOTIHCAEQABiABDIHCAIQABiABDIHCAMQABiABDIHCAQQABiABDIHCAUQABiABDIHCAYQABiABDIJCAcQABgKGIAEMgcICBAAGIAEMgcICRAAGIAE0gEIMjU1NmowajeoAgCwAgA&sourceid=chrome&%7bgoogle:instantExtendedEnabledParameter%7die=UTF-8) **Email:** [chloe.stephens8@det.nsw.edu.au](mailto:chloe.stephens8@det.nsw.edu.au)

**Student Details** (Please print clearly)

Student Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Caregiver Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Details**

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date/year of my child’s last tetanus injection was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if your child has:

* Asthma YES / NO
* Anaphylaxis YES / NO

***If you have indicated YES, a medical plan from a Doctor must be attached to this form. Relevant medication and/or equipment should accompany the student to the sports trials. The Team Manager should be advised of this at the beginning of the trials.***

Any medical details or special needs which the team manager might need to know:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance:** Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to access the level and extent of their child’s involvement in the sport program offered by the school, school sport zone, area and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets.

The NSW Supplementary Sporting Injury Benefits Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from [www.sportinginjuries.com.au](http://www.sportinginjuries.com.au).

**COVID**

If you or your child are displaying any symptoms of COVID or other illness, you are NOT to attend this event. It is recommended you seek medical advice and/or seek COVID testing.

**Travel Details**

My child WILL travel privately to and from the carnival with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Notice**

The personal information provided on this permission note, will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management.

Please be aware that the media exposure at this event may result in your child’s name, school details and/or photograph appearing in a Newspaper, on Television or on websites including the School Sport Unit website at

***https://app.education.nsw.gov.au/sport/NorthCoast* or  *www.northernriverspssa.com***

If you have a concern with this occurring, please contact the team management or Regional Sport Organiser immediately.

**Principal’s Declaration Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I certify that the student whose details appear on this form is enrolled at this school.
* I have verified that the date of birth as stated on this form is correct.
* He/she has the school authority to represent on this occasion.
* A copy of this consent form will be retained by my school.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal) (Date)

NOTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Sports Organiser)

**Parental Consent**

* I have read the information issued and I hereby consent to my child participating in this event.
* I understand that my child will be under the supervision of Team Manager/s and will not be allowed to visit friends or relatives without my written permission and that of the Team Managers.
* In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
* To assist team management at the Championships and to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this sport activity.
* I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education’s policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian) (Date)

***School Office use only***

*Payment of the levy has been received from the student and processed by the school. The school will send all levies paid to the school for NRPSSA events to the Northern Rivers PSSA as required in term 3.*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please certify with a school stamp:*

**Students are unable to participate without Principal approval and having paid the levy to their school.**