**NORTHERN RIVERS ZONE PSSA**

**Rugby Union Boys**

**SELECTION TRIALS**

Nominations are invited from affiliated Primary Schools within the Zone PSSA to enter students in the Northern Rivers Zone PSSA Selection Trials.

**Date:** Wednesday 11th June 2025

**Venue:**  **Wollongbar Alstonville Rugby Club -** 80 Elvery La, Wollongbar NSW 2477

**Time:**  10.00am - 2.00pm

**Cost: $5:00 per child - PAYABLE TO YOUR SCHOOL OFFICE**

**Transport:** Transport to and from the venue will be by private car and is to be organised by the parent. (Unless otherwise organised by the school)

**General Information:**

* All players are to provide their own lunch and refreshments on the day.
* Players are to make sure they are correctly attired for the identified sport - including compulsory mouth guard. Head gear is also recommended.
* Students are to bring any personal equipment they require and adequate protection from the sun, including hat and sunscreen.
* If the weather appears doubtful, schools will be contacted by the Team Manager or Secretary at 8am.

**Entries:** Email entries to the Team Manager by Wednesday 4th June 2025

**Please use the attached Nomination Form.**

**Consent Form:** Should be completed and handed to the Team Manager on the day.

**Northern Rivers Team:** A team will be selected to attend the North Coast selection trials to be held at Grafton on Wednesday 25th June 2025.

**Team Manager:** Chris Duley

 Alstonville Public School

 **Tel:** 66280775

**Email:** christopher.duley@det.nsw.edu.au

**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.)**
3. **Schools to EMAIL nomination sheet to Team Manager.**
4. **Student to hand consent form to the Team Manager on the day of the Northern Rivers Zone trials.**
5. **If unable to attend, please RING the Team Manager ASAP**

# NRPSSA ZONE

# REPRESENTATIVE CONSENT FORM

**ATTENTION PARENTS**! This completed Consent Form should be handed to NRPSSA Team Manager at the trials.

**EVENT**: NRPSSA Boys Rugby Union

**DATE/S**: Wednesday 11th June 2025

**TIME**: 10.00AM – 2.00PM

**VENUE**: **Wollongbar Alstonville Rugby Club -** Elvery La, Wollongbar NSW 2477

**COST:** $5:00 per student – payable to your school

**TEAM MANAGER**: Chris Duley - Alstonville Public School

**Tel:** 66280775

**Email:** christopher.duley@det.nsw.edu.au

**Student Details** (Please print clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female / Other (please circle one option)

**Parent/Carer Details** (Please print clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W/H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Medical Details**

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your child have Private Health Insurance? **YES or NO** (please circle)

Private health Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Insurance Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please indicate if your child has:

Asthma YES / NO

Anaphylaxis YES / NO

***If YES -*** a medical plan from a Doctor must be attached to this form.

***If YES -*** Relevant medication and/or equipment should accompany the student to the sports trials.

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

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

**Medical Insurance** In the event of injury, no accident or medical insurance cover is provided by the NSW Government Treasury Managed Fund for students participating in school sporting activities, physical education lessons or any other school endorsed activity, unless there is a breach of duty of care by department or school staff. The NSW Department of Education is insured to meet the financial impact of any legal liabilities arising from its activities. It does not provide, nor has it ever provided, accident or medical insurance for students enrolled in government schools.

**Concussion Management:** When a student enrolled in a government school is diagnosed with concussion, the principal must be advised in writing as soon as the diagnosis is confirmed. Students may only return to sport and physical activity once a medical clearance has been provided to the school and, if at a school sport event, to the supervising teacher.

Any student that experiences a suspected concussion during a school endorsed activity, will be removed from the activity and parents/carers will be advised that a medical follow-up is required.

If medical clearance is not provided, the student cannot participate in vigorous or competitive school sport or physical activities for 21 days from the concussion date.

**Permission to publish authority**

The NSW Department of Education (the department) may publish or disclose information about your child for the purposes of event promotion and sharing results. This information may include your child’s name, age and school. It may also include information collected during this event such as photographs, live streaming, sound and visual recordings of your child.

The communications in which you child’s information may be published or disclosed include but are not limited to:

* the event program and results
* public websites of the Department of Education including the School Sport Unit website
* the Department of Education intranet (staff only), blogs, and wikis
* Department of Education publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically
* the Department of Education, School Sport Unit and school social media accounts on networks such as YouTube, Facebook and Twitter
* local and metropolitan newspapers and magazines and other media outlets.

Parents/Carers should be aware that when information is published on public websites and social media channels it can be linked to by third parties and may be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information.

**Parental Acknowledgement and Consent -** By signing this permission note, I understand that:

* I have read the information provided and give permission for my child to participate in this event.
* I understand the NSW Department of Education Representative School Sport Pathway supports wellbeing, inclusivity and a sense of belonging for all students through sport and physical activity.
* I acknowledge that this event will be held in accordance with current NSW Health and Department of Education policies and procedures.
* I acknowledge that my child will be supervised by Department of Education teaching staff during the event.
* I understand the **‘Accident insurance information’** and **‘Concussion management’** set out above
* I acknowledge that if my child seriously contravenes behavioural expectations, they may be immediately removed from participating in the event.
* I affirm that, to the best of my knowledge, my child has no medical condition or injury that places them at risk in participating in this event.
* I confirm that my child has the necessary skills and experience to participate in this collision sport at representative level, either through a school-based training/coaching program or a community sports club.
* The wearing of a correctly fitted mouthguard is mandatory in all games and training sessions. My child will bring their own correctly fitted mouthguard.
* While efforts are made to minimise the possibility of injury, there will remain some degree of risk inherent in participation in this collision sport.
* I have read the information about disclosing and publishing student information (above) and:
* I give permission
* I do not give permission

for the department to publish and disclose information about my child in publicly accessible communications. This permission remains effective until I advise otherwise.

I understand that if I have not given permission to publish, my child’s name will not appear in event programs and results.

**Travel Details**

My child will travel privately to and from the event with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Parent/Guardian) (Date)

**Principal’s Declaration**

* 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.

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (Sports Coordinator) (Date)

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

 (Principal) (Date)

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***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.**

**NORTHERN RIVERS ZONE PSSA**

**Rugby Union Boys**

**SELECTION TRIALS**

**SCHOOL NOMINATION FORM**

**School: ...................................................................**

**Players listed in order of ability**

**NAME POSITION BRIEF HISTORY**

1……………………………………… ……………….……..… ………………………………

2……………………………………… ……………….……..… ………………………………

3……………………………………… ……………….……..… ………………………………

4……………………………………… ……………….……..… ………………………………

5……………………………………… ……………….……..… ………………………………

Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position on Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note these are representative trials so please ensure all players listed above have adequate playing experience, skill and the ability to compete at these trials**

This nomination form is to be returned to:

**Team Manager:** Chris Duley

 Alstonville Public School

 **Tel:** 66280775

**Email:** christopher.duley@det.nsw.edu.au

**Entries:** Email entries to the Team Manager by Wednesday 4th June 2025

Please note: Schools are to note that if insufficient entries are received, then the above scheduled trials will not be held.

The Team Manager will notify any school which nominated students advising them of the cancellation and providing the students with information for the following North Coast PSSA Trial

If nominations are excessive in number then an Assistant Team Manager may be appointed. Team Managers are asked to contact an available NR Executive Member for approval.