Belconnen Boys U/12 Cricket Trials

Sorry for the short notice, but we have recently been advised of a change to the carnival date, which means that trials must be held next week.

Please be advised of the trials for the boys under 12 cricket trials for 2015 on Monday 2nd & Tuesday 3rd March from 4pm – 6pm at Weetangera oval.

If selected, children will be required to attend the ACT carnival at Canberra Boys Grammar School on Thursday 12th & Friday 13th 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 and skill 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
<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 2\textsuperscript{nd} March and Tuesday 3\textsuperscript{rd} March</td>
</tr>
<tr>
<td><strong>VENUE FOR TRIAL:</strong></td>
<td>Weetangera Oval, Southwell St, Weetangera</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>
</tr>
<tr>
<td><strong>ACT CARNIVAL:</strong></td>
<td>Thursday 12\textsuperscript{th} and Friday 13\textsuperscript{th} March 2015</td>
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<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>
</tr>
<tr>
<td><strong>WHO IS ELIGIBLE:</strong></td>
<td>Boys in year 5 and 6</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: Boys U/12 Cricket
LOCATION: Weetangera Oval
TIME: 4-6pm

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 that my child may be photographed or videoed as part of this school sport activity.

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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: ________________