

16 Years & Under NSW Combined High Schools Sports Association/ PSG Boys Football Trials.

NOMINATION FORM 2017.

The School Sport Australia, Pacific School Games will be held in Adelaide, South Australia from December 2 to December 9, 2017.

Anticipated cost/ levy per student will be in the range of \$1000 - \$1100 based on present cost factors.

ELIGIBILITY

Players must not attain the age of 17 during 2017 and must attend a government public state secondary school in NSW.

SELECTION PROCEDURE / TIMELINE

1. The attached nomination form is to be mailed or emailed to the nominated football convener listed below by Tuesday 9 May 2017.
2. A squad of 40 boys will be chosen to participate in the trials to be held at Valentine Sports Park Glenwood on Wednesday 10 May 2017 for students attending sports high schools and Wednesday 17 May 2017 for students attending comprehensive high schools. There will be a second and final trial to be held on 19-20 June 2017. The final team will be selected and announced at the conclusion of this event to attend the School Sport Australia Pacific School Games.

NOMINATION

The nomination form should be mailed or emailed to reach the nominated convener by the due date:

PLEASE COMPLETE THE NOMINATION FORM AND SEND TO:

Ron Pratt
Wyndham College
Nirimba Precinct Eastern Rd
QUAKERS HILL NSW 2763
email: ron.pratt@det.nsw.edu.au

Nominations are to be received by Tuesday 9 May, 2017.

Note: Please provide an active email address to receive confirmation of nomination if selected.

Ron Pratt
NSWCHSSA Football Convener

Please detach and return to the football convener (see address above). A copy should also be sent to your regional Sports Coordination Officer for their information.

16 YEARS AND UNDER NSWCHSSA/PSG BOYS FOOTBALL NOMINATION FORM (Please print)

NAME: _____

ADDRESS: _____

POSTCODE: _____

HOME PHONE NUMBER: _____ MOBILE NUMBER: _____

EMAIL: _____ SHIRT SIZE: S, M, L, XL.

AGE: _____ DATE OF BIRTH: _____

MEDICARE NUMBER: _____ HEALTH INSURANCE NO: _____

SCHOOL: _____

SCHOOL ADDRESS: _____ POSTCODE: _____

SCHOOL PHONE: _____ SCHOOL FAX: _____

PRINCIPAL'S SIGNATURE: _____ DATE: _____

PLAYING EXPERIENCE (State, Region, Association or Club): _____

COACH'S COMMENT: _____

Important Information: In the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity. The Department's public liability cover is fault-based and limited to breaches by the department of its duty of care to students that may result in claims for compensation.

Parents and caregivers are advised to assess the level and extent of their child's involvement in the sport program offered by the school, school sport zone, region and state school sport associations when deciding whether additional insurance cover is required prior to their child's involvement in the program. Personal accident insurance cover is available through normal retail insurance outlets. Parents who have private ambulance cover need to check whether that cover extends to interstate travel and make additional arrangements as considered appropriate.

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. The Supplementary Scheme does not cover medical expenses or dental costs. Further information can be obtained from www.sportinginjuries.com.au/

Further information regarding student accident insurance and private health cover is provided at: <http://www.sports.det.nsw.edu.au/spguide/activities/general/resources/protection.php#medi>.

Privacy Notice

The personal information provided on this permission note, will be used and disclosed by the Department of Education for general administration, communication with parents or carers and matters relating to the health safety and welfare of your child in connection with your child's participation at this event or for any other purpose required or permitted by law. 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 held securely and disposed of securely when no longer needed. You may correct personal details recorded on the form at any time by contacting the team management.

Publishing student information: The Department of Education may publish or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community.

This information may include your child's name, age, information collected during this event such as photographs, sound & visual recordings of your child.

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

- Public websites of the Department of Education including the School Sport Unit website at <https://app.education.nsw.gov.au/sport/>
- 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 including on the Department's websites
- Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter.
- Local and metropolitan newspapers and magazines and other media outlets.

- Parents 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.

Permission to publish: 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.

SIGNED (Parent/Caregiver): _____ Date: _____

Parent Consent: I hereby consent to my son participating in the NSWCHSSA/ PSG 16 Years and Under Football Selection Trials. I also consent to my child being administered medical treatment and authorise hospitalisation if deemed necessary by officials in the event that I cannot be contacted or an emergency situation arises.

PARENTS SIGNATURE: _____ **DATE:** _____

Please return this form to:

Ron Pratt
Wyndham College
Nirimba Precinct Eastern Rd
QUAKERS HILL NSW 2763
email: ron.pratt@det.nsw.edu.au

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Ron Pratt
NSWCHSSA Football Convener