

## Parent consent form



# Central Region Selection Trials 12 years and Under Boys & Girls CRICKET

1<sup>st</sup> Trial: 23/05/22  
2<sup>nd</sup> Trial: 24/05/2022  
4:00-5:00PM

**Jim McConville, Gillen NT0870**

Students need to attend the Initial Selection to be considered for the training squad. Students must be a minimum of 10 years – i.e. born no later than 2012, and a maximum of 12 years – i.e. born no earlier than 2010. Age dispensation applies.

Coach: Mick Gill

Manager: Fiona Brown

Students to wear appropriate sporting clothing, enclosed footwear and bring individual drink bottle. Students are to ensure they apply sunscreen.

\*Any interested umpires, please contact [centralsport.doe@education.nt.gov.au](mailto:centralsport.doe@education.nt.gov.au)

## Covid 19 Update on Interstate travel 2022

School Sport Australia (SSA) is planning to run a full Championship program in 2022.

The Inter region Championships are planned to take place in Term 3.

**Final confirmation of the SSA program is dependent on COVID 19 restrictions.**

School of Sport Education NT will be selecting an NT Team to compete in the School Sport Australia Championships in Bendigo on 19 –26 November, 2022. Please also refer to the date on our website

<https://sporteducation.nt.edu.au>

## **CRITERIA**

To be eligible for selection in the Central Region Team, students **MUST** attend at least 1 trial day, be the correct age and attend a Central Region School.

Selectors will identify the students that will make up the Central Region Team and reserve members.

Students will be selected based on their ability, skills to participate as a team member and meet game specific criteria.

Students are encouraged to attend all 2 trials to give themselves the best opportunity for selection. Results will be communicated via email, with those selected, receiving a Central Region Team Member/Reserve Booklet and Invoice.

## **TRAINING**

If you are selected in the Central Region squad it is expected that you will attend all trainings, If the student is unable to attend a training session, please contact the team manager/coach or Central Region Office [centralsport.doe@education.nt.gov.au](mailto:centralsport.doe@education.nt.gov.au) before training. Training sessions will be communicated to families by Central Region Office.

## **BOOKLETS**

Booklets will be sent to the selected students. They have information on the event, contact details of the team officials, payment. The last pages have a form which need to be completed and return to the team manager. (Note that you will need the student's school principal signature as well).

## **PAYMENT**

Levy cost will be approximately \$1500 (note that this is an estimated cost, the actual cost will be shown on the booklet) with an initial \$100 deposit being due on the **5 July 2022**, and the remaining of the balance to be paid by **2 August 2022**.

Failure to meet these requirements may result in the student losing their position in the squad.

If you are looking at applying for grants, please contact the team Manager/ Central Region Office as soon as possible.

## **CHAMPIONSHIP DATES**

Inter Region Championship will be held 16 to 18 August 2022 in Tracy Village Cricket Club, Darwin. School of Sport Education NT will be selecting an NT Team to compete in the School Sport Australia Championships in Canberra 19 to 26 November 2022 Please also refer to the date on our website <https://sporteducation.nt.edu.au>

| Student details (to be completed by parent/guardian) CRICKET TRIALS 2022                                                                                                                                                                 |              |                      |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------|--------------|
| Please complete all details below and submit the form to your school or send it to<br>Central Region Sport Education: : <a href="mailto:centralsport.doe@education.nt.gov.au">centralsport.doe@education.nt.gov.au</a> t: (08) 8951 1696 |              |                      |              |
| School name                                                                                                                                                                                                                              |              |                      |              |
| Student's family name                                                                                                                                                                                                                    |              | Student's given name |              |
| Student's date of birth                                                                                                                                                                                                                  |              | Student's gender     | Male/Female  |
| My Child is of Aboriginal or Torres Strait Islander origin                                                                                                                                                                               |              |                      | Yes/No       |
| Contact details                                                                                                                                                                                                                          |              |                      |              |
| Parent/guardian name                                                                                                                                                                                                                     |              | Emergency contact    |              |
| Preferred contact                                                                                                                                                                                                                        | Work/ Mobile | Preferred contact    | Work/ Mobile |
| Work                                                                                                                                                                                                                                     |              | Work                 |              |
| Mobile                                                                                                                                                                                                                                   |              | Mobile               |              |
| Parent/guardian email                                                                                                                                                                                                                    |              |                      |              |
| Student's medical details                                                                                                                                                                                                                |              |                      |              |
| Known allergies e.g. drug reactions                                                                                                                                                                                                      |              |                      |              |
| Dietary restrictions                                                                                                                                                                                                                     |              |                      |              |
| Date of last tetanus injection                                                                                                                                                                                                           |              |                      |              |
| Is the student under medication?                                                                                                                                                                                                         | Yes/No       |                      |              |
| If yes, name medication and attach instructions                                                                                                                                                                                          |              |                      |              |
| Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities?                                                              |              |                      | Yes/No       |
| If yes, please provide full details, attach information if necessary. Please provide any other information which you believe may help staff provide the best possible care.                                                              |              |                      |              |
| There is no aquatic activity at this event                                                                                                                                                                                               |              |                      |              |

## Parental consent

Your attention is drawn to the following important points:

- Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action.
- The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.
- Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs.
- Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.
- Students are not permitted to transport other students in vehicles regardless of written permission being provided.
- The parent/guardian is responsible for informing the school/preschool of any change in consent to their child attending an excursion and of any changes to student medical details.
- Privacy Notice: The Department of Education collects the information on this form in accordance with the Excursions Policy, and may disclose this information to third parties in connection with this excursion. Failure to provide this information may result in your child being unable to attend the relevant school excursion. For further information, or to access the information you provide on this form please contact your child's school.

|                                                                                                                                                                                                                    |  |        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|--|
| Permission is given to attend this event                                                                                                                                                                           |  | Yes/No |  |
| Permission is given for staff to administer first aid if required                                                                                                                                                  |  | Yes/No |  |
| Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.               |  | Yes/No |  |
| I give permission for the use of my child's name and photographs for promotional purpose including online and media publications by School Sport NT, School Sport Australia and the NT government.                 |  | Yes/No |  |
| <b>I give Permission for my child to be eligible for selection in Inter-Region squad</b><br><b>Levy: approx. \$1500                      Venue: Darwin                      Dates: 16 AUGUST – 18 AUGUST 2022.</b> |  |        |  |
| Parent/guardian's name                                                                                                                                                                                             |  | Date   |  |
| Parent/guardian's signature                                                                                                                                                                                        |  |        |  |