

## Parent consent form



### Central Region Selection Trials

**12 Years and Under NETBALL**  
**SUNDAY 19 MARCH 2023 9:00am – 10:00am**  
**MONDAY 20 MARCH 2023 4:30pm – 5:30pm**  
**Pat Gallagher Netball centre, outdoor courts**

You are invited to attend the trials for the 12 years and Under to represent the Netball Central Region team.

Students must be born between 1 Jan 2011 – 31 Dec 2013. Age dispensation applies for students born between 1 July 2010 to 31 December 2010.

Under 12 Netball NT Inter Region Championship dates: 23 May– 25 May 2023 CDU Netball Stadium, Marrara, Darwin

Central Region Coach: Shannan King  
Central Region Manager: Elinor Hetzel Bone

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

## **TRIAL DAYS**

Students must ensure their permission form has been sent to Juliette at

[centralsport.doe@education.nt.gov.au](mailto:centralsport.doe@education.nt.gov.au) **preferably prior trial days** or they can hand in their permission form completed by a parent/ carer to a team official on trial days. Student with no permission form will not be able to try out. .

Students are required to sign in the attendance sheet (name, school, age,). A photo of each student will be taken to identify and facilitate the selection process.

## **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. (please ensure to fill in the training section in this permission form).

## **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 pathway's coordinator [centralsport.doe@education.nt.gov.au](mailto:centralsport.doe@education.nt.gov.au) or the Team Manager **before Friday 24 March 2023** **No** form, no trip.

Once the forms are submitted, no changes for the accommodation, travels, uniforms will be allowed.

## **PAYMENT**

Levy cost will be approximately \$1800 (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 **17 April 2023..**

, and the remaining of the balance to be paid by **27 April 2023**. 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 23 May – 25 May 2023 in Darwin with the team and team officials travelling a day prior to Darwin and returning to Alice Springs on the 25 May 2023.

School of Sport Education NT will be selecting an NT Team to compete in the School Sport Australia Championships in 9 September –15 September 2023 in Perth, Australia. Please also refer to the dates on our website <https://sporteducation.nt.edu.au>

| Student details (to be completed by parent/guardian)                                                                                                                                                                                   |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Please complete all details below and submit prior to or on the day to Juliette at<br>Central Region Sport Education: e: <a href="mailto:centralsport.doe@education.nt.go.au">centralsport.doe@education.nt.go.au</a> m : 0460 037 977 |                          |                          |                          |
| 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                   |
| Preferred positions:                                                                                                                                                                                                                   | 1 <sup>st</sup> Position | 2 <sup>nd</sup> Position | 3 <sup>rd</sup> Position |
| 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. \$1600                      Venue: Darwin                      Dates: 22 May – 25 May 2023.</b> |                                                                                                      |                                                                                                                                                                                              |  |
| <b>If your child is selected in the Central Region team, please advise your preferred day &amp; time for training:</b><br><br><b>DAY :</b><br><br><b>TIME :</b>                                              |                                                                                                      |                                                                                                                                                                                              |  |
| If your child is selected, will she travel with the team?<br><br>YES     /     NO                                                                                                                            | If your child is selected, will she stay with the team (same accommodation)?<br><br>YES     /     NO | If your child is selected, will she require the following optional items? please circle as many items as you want:<br>- Hoodie (\$50.00)<br>- Backpack (\$30.00)<br>- Drink bottle (\$12.00) |  |
| Parent/guardian's name                                                                                                                                                                                       |                                                                                                      | Date                                                                                                                                                                                         |  |
| Parent/guardian's signature                                                                                                                                                                                  |                                                                                                      |                                                                                                                                                                                              |  |