

School Sport SA Sapsasa State Carnivals

Para District Sapsasa District Cricket trials information

Para District would like to invite Year 6 and 7 boys who are interested in playing cricket against other district teams at the School Sport SA Sapsasa State Cricket Carnival to nominate to attend trials with the possibility of being selected in the district team. If there are not sufficient players who nominate then the team will not be able to participate.

Carnival details

The carnival will be played at various tennis venues in the Adelaide metropolitan area, during the school hours in the week of Monday 4 November to Thursday 7 November. The cost of the carnival will be \$100.00 (\$90.00 for School Card holders). Transport to the carnival each day must be provided by parents. **[Bethany will cover the carnival cost for students enrolled at Bethany]**

How to nominate

To nominate for the trials, please provide the attached form to Liam Kenny, Para District Cricket Coach, at the first trial. Students who do not bring along the form will not be eligible to trial.

Trials

Two trials will be conducted and students are required to attend both.
The two trials will occur on:

- Wednesday 18th of September (Week 9, Term 3) and Wednesday 25th of September (Week 10, Term 3)
- Salisbury West Football Oval
- 4:00 PM – 5:00 PM

Once a team has been selected, details regarding the carnival and trainings will be provided to the student.

Further information

For more information, please ask the people below

Liam Kenny (Para District Sapsasa District Coach)

M: 0403 697 874

E: Liam.Kenny923@schools.sa.edu.au

Carly McIntyre (Para District Sapsasa District Team Manager)

M: 0413 697 127

E: carlymac@live.com.au

Nathaniel Eldridge (Para Sapsasa District Convenor)

M: 0488 067 670

E: Nathaniel.Eldridge801@schools.sa.edu.au

School Sport SA Sapsasa State Carnivals

Para District Sapsasa District Cricket trials information

Student information

Student's name:			
School:			
Year level:		Date of birth:	
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
School card holder:	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Aboriginal / Torres Strait Islander	<input type="checkbox"/> Y	<input type="checkbox"/> N	
English as an Additional Language or Dialect (EALD):	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Contact details

Parent/ caregiver name:			
Home address:			
Email:			
Mobile:		Home phone:	

Sport details

Preferred playing positions:	
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Medical information

Medicare number:			
Private health:	<input type="checkbox"/> Y <input type="checkbox"/> N	Number:	
Ambulance cover	<input type="checkbox"/> Y <input type="checkbox"/> N	Number:	
Allergies:	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:	
Medical conditions	<input type="checkbox"/> Y <input type="checkbox"/> N	Details:	

Please submit an extra page if required for medical details.

Permissions

I give permission for my child to attend the district trial and to be considered for selection	<input type="checkbox"/> Y <input type="checkbox"/> N
Commitment to Pay I am aware that this is an optional activity and a levy will be applied and that unless payment or written commitment to pay has been received that my child will not attend. I therefore agree to pay the required cost by the due date.	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for team officials to obtain medical or dental treatment for my child if necessary	<input type="checkbox"/> Y <input type="checkbox"/> N
I accept any responsibility for any cost involved with medical or dental treatment my child receives	<input type="checkbox"/> Y <input type="checkbox"/> N
I give permission for the DECD School Sport Team to create/use: <ul style="list-style-type: none"> Photographs, video or audio recordings of my child My child's name and school name And to distribute them in the following locations <ul style="list-style-type: none"> Printed publications (e.g. newsletters, promotional material) Secure intranet websites Publicly accessible websites including social media accounts 	<input type="checkbox"/> Y <input type="checkbox"/> N

Signed: _____ Date : _____

Return form

Please provide this form to **Liam Kenny (Para District Cricket Coach)** at the first selection trial. Students who do not provide this form will not be eligible to trial.