VOLLEYBALL

EVENT: Selection Trial for NSWCCC Open Team

AGE: Open

ELIGIBILITY: Students must be enrolled in a CSCC affiliated school
Players must attend trials to be eligible for selection
Experienced volleyball players only
Individual and/or team entries accepted

DATE: Tuesday 3 May 2011

VENUE: Bankstown Stadium
Third Ave
Condell Park

TIME: 9.00am – 3.00pm

COST: $15.00 per player GST free. Your school will be invoiced for each student
who participates in the trial.

CLOSING DATE: Friday 18 March 2011

SPORT SPECIFIC GUIDELINES: Can be found on the website
www.cecnsw.catholic.edu.au/sport/index.htm

WHAT TO BRING: All players are to bring the following:-
• Appropriate personal protective gear for game conditions.
• Medication e.g. asthma inhaler
• Any preventative taping is the responsibility of the individual
  player
• Bring own water bottle and lunch

NOMINATIONS: Please forward nominations to:-
NSWCCC Executive Officer - Kym Skerritt
Email: kym@pathways.com.au  Fax: 9958 2556
Mobile: 0419 464 074

NSW ALL SCHOOLS SELECTIONS: 6 May 2011  Bankstown
Nomination form on following page
Students must be 15 years (must not turn 16 years before 31
December 2011)

SCHOOL SPORT AUSTRALIA: 15 years and under: 13 – 19 August 2011  Perth

NSWCCC OPEN TEAM: NSWCCC Open Team will compete in the Tri Series Tournament
11 June 2011  Homebush

CONVENER: Bob Cooper
St Mary Star of the Sea College
Locked Bag 42
WOLLONGONG NSW 2500
Ph: 4228 6011
Fax: 4229 8555
Mobile: 0414 280 922
Email: bcooper@stmarys.nsw.edu.au
VOLLEYBALL
ENTRY FORM

Bankstown Stadium Condell Park
Tuesday 3 May 2011
9.00am – 3.00pm

Name: ................................................................. Date of Birth: ..................................................

Open age students are available to compete in this competition. Experienced Volleyball players only

Home Address: ........................................................................................................................................

Home Phone: .......................................................... Parent Mobile: ..................................................

Emergency Phone: .................................................. Parent Email: ..................................................

Student Mobile: ........................................................ School Year: ..................................................

School: .................................................................................................................. Suburb: ..................................................

School Phone: .................................................................................................. Diocese/Association: ........................................

School Staff Email Address: ..............................................................................................

Last Representative Team: ..............................................................................................

Years of Representative Play: ..............................................................................................

Playing Position 1: .................................................. Playing Position 2: ..........................................................

Relevant Medical Conditions: ..............................................................................................

..............................................................................................................................................................

Parent Signature: .......................................................... Principal Signature: ..........................................................

Cost: $15.00 per player GST free. Please do not send payment with this form. Schools will be invoiced for each student participating in the trial.

Closing Date: Friday 18 March 2011

Nominations: To be forwarded to NSWCCC Executive Officer Kym Skerritt

NSWCCC Executive Officer
Kym Skerritt  Mobile: 0419 464 074
PO Box 4118 Fax: 9958 2556
CASTLECRAG NSW 2068

Email: kym@pathways.com.au

NSWCCC Volleyball Convener
Bob Cooper  Ph: 4228 6011
St Mary Star of the Sea College  Fax: 4229 8555
Locked Bag 42 Mobile: 0414 280 922
WOLLONGONG NSW 2500

Email: bcooper@stmarys.nsw.edu.au

All players are to bring the following:-
  • Appropriate personal protective gear for game conditions
  • Medication e.g. asthma inhaler
  • Any preventative taping is the responsibility of the individual player
  • Bring own water bottle and lunch
In 2011 the New South Wales Combined High Schools will be sending an All Schools 15 years and under Volleyball team to the School Sport Australia Volleyball Championships in Perth, WA from 13th August to 19th August 2011. Sports Organisers and coaches are requested to nominate experienced Volleyballers only for the selection trials.

Details:
- Please include a photocopy of your birth certificate with this form.
- Please enclose a stamped self addressed envelope with this form.
- Date of the Trials: 21st May 2011  Time: 9.30am to 4.00pm (Registration and sign in will start at 9.00am)
- Venue: Olympic Park Indoor Sports Halls, Grande Parade, Olympic Park
- Registration fee is $16.50 GST Inclusive (please make cheques payable to NSWCHS). This fee covers the cost of the venue.
- Upon receipt of your nomination form and registration fee you will be sent full information about the selection trials.
- Age: Students may turn 15 years of age or younger, in 2011. Students attaining the age of 16 years or over in 2011 are not eligible.
- Forward nominations and registration fee to: Kim Oates, Volleyball Convener Locked Bag 1530 Bankstown NSW 2200.
- Nomination close 6th May 2011. Late entries will not be accepted.

K Oates (Volleyball Convener NSWCHSSA) G PARKER (Executive Officer NSWCHSSA)

Please detach and return to Kim Oates (see address above). A copy should also be sent to your relevant sectors’ Sport Organiser or Regional Sports Organiser for CHS students (see CHS, CCC or CIS directory for current addresses)

VOLLEYBALL GIRLS/BOYS 15 YEARS and UNDER SELECTION SQUAD TRIALS 2011
Please complete all sections. (Please print)

<table>
<thead>
<tr>
<th>FULL NAME:</th>
<th>HOME ADDRESS:</th>
<th>POSTCODE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME PHONE NUMBER: ( )</td>
<td>PARENT/CARER DAY TIME MOBILE NUMBER:</td>
<td></td>
</tr>
<tr>
<td>AGE:</td>
<td>DATE OF BIRTH:</td>
<td></td>
</tr>
<tr>
<td>MEDICARE NUMBER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHOOL:</td>
<td>SCHOOL ADDRESS:</td>
<td>POSTCODE:</td>
</tr>
<tr>
<td>PRINCIPALS SIGNATURE:</td>
<td>DATE:</td>
<td></td>
</tr>
</tbody>
</table>

Playing position (in order of preference) – NOTE: This is the position you will be trialing for. If you wish to be considered for more than two playing positions, you must provide detailed experience below of court play in more than two positions.

1.  2.

Experience (School and/or Association/Club): (Please outline championships and tournaments which you have competed in detailing team and individual achievements)

Medical Insurance: Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. 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, Regional and state school sport associations when deciding whether additional insurance cover, above that provided by Medicare, is required. Personal accident insurance cover is available through normal retail insurance outlets. The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

Privacy Notice: The personal information provided on this permission note, will be used by the Department of Education and Training for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.

Please be aware that the media exposure at this event may result in your child’s name, school details and/or photograph appearing in a Newspaper, on Television or on the School Sport Unit: Website www.sports.det.nsw.edu.au. If you have a concern with this occurring, please contact the NSWCHSSA immediately.

Parent Consent: I hereby consent to my son/daughter participating in the NSWCHS/ All Schools 15 Years and Under Volleyball 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:
School Sport Australia
15 years and under Championships

NSW All Schools
Selection Trials

NSWCHS, NSWCCC & NSWCIS

NSWCCC Selection Trials
Open Boys & Open Girls
Teams Selected

Individual Entries
from CSCC Affiliated Schools
Players must be 15 years and under in year of competition

Individual Entries