WATER POLO

EVENT: NSWCCC Boys and Girls Selection Trials

COUNTRY PLAYERS: Players outside the Sydney / Newcastle / Wollongong area and are unable to attend the trials who would like to be considered selection in CCC teams are urged to contact the Convener

AGE: 17 years

ELIGIBILITY: Students must be enrolled in a CSCC affiliated school

DATE: Girls: Sunday 13 November 2011
Boys: Sunday 20 November 2011

VENUE: Ryde Aquatic Centre
Victoria Road Ryde

TIME: Girls: 11.00am – 3.00pm
Boys: 11.00am – 2.30pm

COST: $10.00 per person GST free. Your school will be invoiced for each student who participates in the trial.

CLOSING DATE: Girls: Friday 21 October 2011
Boys: Friday 28 October 2011

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

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

NSW ALL SCHOOLS SELECTIONS:
Boys TBC February 2012 Homebush
Girls TBC February 2012 Homebush

SCHOOL SPORT AUSTRALIA: 2012 To be confirmed

CONVENER: Chris Hook
Casimir College
PO Box 5325
MARRICKVILLE NSW 1475
Ph: 9558 2888
Fax: 9558 2123
Mobile: 0438 116 138
Email: chris.hook@casimirmarrickville.catholic.edu.au
WATER POLO GIRLS
ENTRY FORM

Ryde Aquatic Centre
Sunday 13 November 2011
11.00am – 3.00pm

ABN: 36 644 003 080

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

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

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

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

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

School: ................................................................................................................................

School Phone: ..................................................................................................................

School Staff Email Address: ............................................................................................... Diocese/Association: ..........................................................

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

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

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

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

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

Cost: $10.00 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 21 October 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 Water Polo Convener
Chris Hook Ph: 9558 2888
Casimir Catholic College Fax: 9558 2123
PO Box 5325 Mobile: 0438 116 138
MARRICKVILLE NSW 1475

Email: chris.hook@casimirmarrickville.catholic.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
WATER POLO BOYS
ENTRY FORM

Ryde Aquatic Centre
Sunday 20 November 2011
11.00am – 2.30pm

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

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: .....................................................................................................................................

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

Cost: $10.00 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 28 October 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 Water Polo Convener
Chris Hook Ph: 9558 2888
Casimir Catholic College Fax: 9558 2123
PO Box 5325 Mobile: 0438 116 138
MARRICKVILLE NSW 1475

Email: chris.hook@casimirmarrickville.catholic.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
WATER POLO PATHWAY

SCHOOL SPORT AUSTRALIA CHAMPIONSHIPS

NSW ALL SCHOOLS CHAMPIONSHIPS / SELECTIONS
CCC v CHS v CIS v CHS 2 v CIS 2

NSWCCC SELECTIONS
Individual Nomination

SCHOOL
Individuals from CSCC Affiliated schools

Age: 17 years

Other Competitions:
NSWCCC Boys Tournament – School based
NSWCCC Girls Tournament – School based