

2009–10 Far West Academy Netball Trials

Transport

Athletes are required to coordinate their own travel to and from the Trials. The FWAS recommend car pooling where possible.

What to bring

Athletes should bring the following: swag/mattress and bedding (camping on floor), pillows, 2 x towels, toiletries, good quality training shoes, water bottle, netball training gear, casual clothes and shoes, swimmers, tape for strapping (*if required*), any medication (*must given to the manager on arrival*).

How to enrol

For further information please contact your schools sports coordinator or the Far West Academy of Sport
Phone (02) 6847 3638
Fax (02) 6847 3651.

Saturday 21 and Sunday 22 November, 2009

Who is eligible

- Netball players who reside in the Far West region of NSW (i.e. area bound by Lake Cargelligo – Lightning Ridge, Trangie – Broken Hill)
- Athletes must turn 14–18 in 2010 (i.e. born between 1992 – 1996).

Where Warren Sport and Cultural Centre

Time Arrival – 10.30am Saturday 21 November
Departure – 2.30pm Sunday 22 November

Cost \$5 meals
\$5 accommodation at stadium (camp style)

Nominations close Monday 16 November, 2009.

Special Guest

This year we are delighted to announce that Marg Corbett will again be assisting the academy netball program. Marg helped establish the FWAS Netball program in 1999 and has served Netball NSW as an elite level coach and Australian under age selector for over 40 years.

Supported by



Communities
Sport & Recreation



2010 Netball Squad Trials Athlete Information Form

FWAS Netball Trials will be held at the Warren Sporting and Cultural Centre
21st & 22nd November 2009

*Please print clearly and ensure all required information is entered including postcode and Medicare No.

*Lightning Ridge residents please ensure your postal address is correct as mail will be returned by Post Office if street address is used

ENROLMENT INFORMATION

Family Name Given Names

Name of Parent/Guardian Medicare Number

Postal Address Postcode

Home Address Postcode

Date of Birth / / Age in 2009 Are you of Aboriginal Torres Strait Islander descent? YES / NO
Are you of a culturally diverse background? YES / NO

Phone Home Phone Work

Mobile Email

Name of School Year at School

PLAYING DETAILS

Positions 1 2 3

Playing History (Last Two Years)

Representative History

Other Sporting Achievements

Parent/guardian consent

The Communities NSW Sport and Recreation - Far West Academy of Sport is collecting the information included within this athlete package to enable processing of 2009/10 camp positions applications. The information collected will be provided to academy staff, managers, coaches and state sporting organisations (where applicable). You are not obliged to provide the information but if the information is not provided the Academy will be unable to process your application. Any information provided by you to the Academy can be accessed by you during standard office hours and updated by writing to the Academy or calling on (02) 6847 3638. All information provided on this form and gathered throughout the program will be stored on a database that will only be accessed by authorised Sport and Recreation personnel and is subject to privacy restrictions.

Media Consent

I agree to allow Sport and Recreation to use my child's/my ward's name and any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Indemnity and risk waiver

I agree to my child's/ward's attendance at the above mentioned program. In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child is enrolled with the program.

I understand that although the Communities NSW, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program and I agree that my child/ward undertakes the activities at his/her own risk. I release and indemnify the Minister for Sport and Recreation, the State of New South Wales, and the Department of Sport and Recreation and its officer, servants, agents and service providers against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever arising directly or indirectly out of any personal injury to my child/ward howsoever occasioned.

Signature athlete (over 18 years)

Date

Signature parent/guardian (under 18 years)

Date

Signature parent/guardian

Date

PLEASE RETURN FORM TO THE FWAS PO BOX 409 WARREN NSW 2824 OR BY FAX (02) 6847 3651
Nominations Close Monday 16th November 2009