



New South Wales Combined Catholic Colleges Rugby League

2017 Selection Trials – President’s Team Nomination

Player Details

FIRST NAME: _____ SURNAME: _____
PREFERRED NAME: _____ DOB: _____ AGE AT 31st DEC 2017 _____

Contact Details - Player

ADDRESS: _____
SUBURB: _____ STATE: _____ POST CODE: _____
PHONE (H): _____ (M): _____
EMAIL: _____

Emergency Contact

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
SUBURB: _____ STATE: _____ POST CODE: _____
PHONE (H): _____ (W): _____ (M): _____

School Information

SCHOOL NAME: _____ SCHOOL YEAR: 7 8 9 10 11 12
NAME OF PRINCIPAL: _____
NAME OF SCHOOL RUGBY LEAGUE COACH: _____

Medical Details

1. DATE OF LAST ANTI-TETANUS INJECTION (IF ANY): _____
2. MEDICATION/ALLERGIES DETAILS: PLEASE DESCRIBE ANY MEDICAL CONDITION OR HISTORY THAT WOULD REQUIRE SPECIAL ATTENTION AND INDICATE NAME OF ANY MEDICATION AND DOSAGE THAT WILL BE TAKEN DURING THESE RUGBY LEAGUE SELECTION TRIALS.

3. MEDICARE NUMBER: _____
4. PRIVATE HEALTH FUND: _____ TABLE OR
NUMBER: _____
5. I AM COVERED BY AMBULANCE SERVICE: YES/NO

Playing History

DID YOU PARTICIPATE IN SELECTION TRIALS FOR YOUR ASSOCIATION? YES / NO IF NO WHY DID YOU NOT PARTICIAPTE?

HEIGHT: _____ WEIGHT: _____

SUMMARISE YOUR PLAYING HISTORY OVER THE PAST 3 YEARS. INCLUDE NAME/LEVEL OF COMPETITION, AGE GROUP, TEAM, POSITIONS PLAYED.

Playing History (continued)

PROVIDE DETAILS OF ANY DEVELOPMENT SQUAD OF REPRESENTATIVE TEAM YOU HAVE BEEN SELECTED IN.

PREFERRED PLAYING POSITIONS: 1st _____ 2nd _____

PLEASE NOMINATE A PERSON (IE COACH) WHO WILL SUPPORT YOUR APPLICATION.

NAME: _____ RELATIONSHIP: _____

CONTACT TELEPHONE NUMBER: _____

Code of Behaviour

- a. At all times cooperate with your coach, team mates and opponents.
- b. Work equally hard for yourself and your team.
- c. Compete by the rules and always abide by the referees decision.
- d. Be a good sport.
- e. Control your temper.
- f. Follow instructions given by the Team Manager.
- g. Remain with your team in your allocated area when not competing.

I also agree to abide by the following ARL Policies and understand that the documents in their entirety are available to be downloaded from www.arldevelopment.com.au: ARL Code of Conduct, ARL Laws of the Game, ARL Mini/Mod Rugby Leagues Laws, ARL Safe Play Code.

Parent/Guardian's Declaration

- 1. I give my son permission to attend these fixtures:
 - a. President's Team training session on Thursday 18th May at The Kingsway St Marys
 - b. The New South Wales Combined Catholic Colleges Rugby League State Selection Trials to be held at St Marys Stadium 19th May-20th May
- 2. I accept that my child is to behave in an appropriate manner and have explained this obligation to him. I have sighted the Code of Behaviour and agree that if my son seriously contravenes behaviour expectations he may be immediately excluded from the team. Should this eventuate I accept full responsibility for my son upon notification of his exclusion by the team manager or coach including the cost of transport and accommodation.
- 3. I agree to pay any costs levied on each competitor in the team.
- 4. I understand that all players must wear a mouth guard.

Player's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Principal's Declaration

I certify that the student listed above is enrolled at this school.

I have verified that the birth date as stated on this form is correct.

He has the schools authority to nominate and if selected represent the President's Team at the NSWCCC State Trials. The student has already registered online at NSWCCC website.

Signed: _____

Date: _____

Please apply to be considered for the Presidents team via the CSSS website

Closing date 8th May

Both Teams will be selected on Wednesday 19th May & players informed from then on by each coach.

If you make the team you are expected to be at St Marys Stadium on Thursday 19th May - 1pm for training. Then State Trials Friday 19th May- 8am to 5pm & Saturday 20th May -8am to 3pm.

Presidents team levy is \$100. Please make cheques out to CSCC OR bring money to training on the Thursday. No pay no play. **Payment must be made on the Thursday by the player.** A receipt will be provided if you require one.

This levy includes -

Jersey, shorts, socks and Presidents team Jumper to keep.

Strapping will be provided to all players during the carnival.