

## Barrier Boys and Girls Sport Trials 2018 - Sunraysia

### Dear Parent/Guardian,

Your child has shown interest in attending the Barrier trials which will be held in Sunraysia this year. It is an expectation that students who attend these trials are committed to participating in a NSW State Carnival. Travelling to the Barrier Sport Trials will be the responsibility of the child's parents/carers to organise. It is also important to note that travel and accommodation for the State Carnivals and all trainings are the obligation of the child's parent/carer to arrange. For any further questions please see your school's Sports Coordinator.

### When & Where:

AFL Thurs. 22<sup>nd</sup> March, George Gordon Oval Dareton, 5:30-7:30pm (EST)

Boys & Girls Basketball – Fri. 23<sup>rd</sup> March, Mildura Basketball Stadium, 10am-12noon (EST)

Soccer & Netball – Fri. 23<sup>rd</sup> March, George Gordon Oval/Courts Dareton, 1:00-3:00pm (EST)

**Travel:** Parents responsibility to organise

**Cost:** NIL

Please indicate on the note below whether your child will or will not be attending the Barrier Trials and return to your school.

Thank You  
Ang McInerney & Leonie McKinnon  
Gol Gol PS

### State Carnival Venues & Carnival Dates

Boys Basketball – 8<sup>th</sup>-10<sup>th</sup> May (Tamworth)  
Girls Basketball – 29<sup>th</sup>-31<sup>st</sup> May (Broken Hill)  
AFL – 22<sup>nd</sup>-24<sup>th</sup> May (Bateman's Bay)  
Boys Soccer – 29<sup>th</sup>-31<sup>st</sup> May (Miranda)  
Netball – 31<sup>st</sup> July- 2<sup>nd</sup> Aug (Homebush)

*Dates are school days. Travel may be required on a weekend.*

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My child \_\_\_\_\_ will / will not be participating at the Barrier Sport Trial in Sunraysia on Thurs 22<sup>nd</sup> Feb / Fri. 23<sup>rd</sup> Mar, 2018. I understand that my child will need to travel by private car and that I am responsible for organising the transport.

Medical form is attached

YES / NO

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## *MDPSSA Medical Form*

Please fill in the following details and return to school

Child's full name: \_\_\_\_\_

Parent's full name: \_\_\_\_\_

Parents full address: \_\_\_\_\_

Contact number (home): \_\_\_\_\_

Contact number (mobile): \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medical Fund and Number: \_\_\_\_\_

Allergies/Medical concerns. This would include allergies, diabetes, asthma etc

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Asthma: \_\_\_\_\_

Carries own puffer? Yes / No

If my child requires any medical assistance I give the teacher in charge permission to seek medical advice if deemed necessary. I understand that any cost incurred will be my responsibility.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_