



## 2022 ZONE CRICKET TRIALS

Dear Sports Organisers,

Can you please distribute the following note to any interested students who wish to be considered at the WSPSSA zone boys cricket trials and email their completed notes to the cricket convenor Tom Sherry ([thomas.sherry@det.nsw.edu.au](mailto:thomas.sherry@det.nsw.edu.au)) **by Friday 1st July**. The trials will be conducted at Strathfield North Public School on Thursday 21<sup>st</sup> July, between 3:30 – 5pm. Students will need to organise private transport to and from the venue.

Students selected will then attend the Sydney East Boys Cricket trials on Wednesday 10 August 2022.

*Please only nominate students who are of a **representative standard** (i.e. they play cricket regularly for a club or district outside of school OR are a standout in PSSA cricket). **Schools ARE NOT obliged to nominate students**. If you are choosing not to nominate anyone, an email letting me know is greatly appreciated.*

There will be no trial for WSPSSA Girls Cricket. Sydney East Girls Cricket trials will be held on Wednesday 17th August 2022. More information on this will be sent out at a later date.

Kind regards,  
Tom Sherry  
WSPSSA Cricket Convenor

# **2022 Western Suburbs Zone Cricket Trial Permission Note**

**Strathfield North PS (enter via office gates on Cumming Ave) Thurs 21 July 2022, 3:30pm – 5:00pm**

## **1. Student Details:**

Student Full Name: \_\_\_\_\_

Parents/Caregivers Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Known Medical Condition/Medication Required: \_\_\_\_\_

## **2. Student Medical Details**

**Medical Insurance:** Parents please note there is no personal injury insurance cover provided by the NSW Department of Education 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, region 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 Benefit Scheme, funded by the NSW Government, provides limited cover for serious injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body. Further information can be obtained from [www.sportinginjuries.com.au](http://www.sportinginjuries.com.au)

## **3. Privacy Notice:**

The personal information provided on this permission note, will be used by the Department of Education for general administration and communication and other matters of welfare relating to your child at this event. The provision of this information is voluntary but your child may not be able to participate if it is not provided. This information will be stored securely and may be amended at any time by contacting the team management. 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 websites including the School Sport Unit website at – [www.sports.det.nsw.edu.au](http://www.sports.det.nsw.edu.au) . If you have a concern with this occurring, please contact the team management or school immediately.

## **4. Parent/ Guardian/s Declaration:**

- I have read the information issued and I hereby consent to my child participating in this event. I understand that I will make arrangements to transport my child to and from the venue, ensuring my child is picked up promptly at 5:00pm
- I understand that my child will be under the supervision of Team Manager/s or Convener.
- In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require. I accept full responsibility for all expenses incurred.
- To assist management at the trials, my child has all necessary medication that they require with them at the trial.
- My child will bring his own protective cricket gear e.g. helmet, pads and box
- I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent/Guardian)

## **5. Principal or Sports Organiser Declaration:**

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- The student has the school authority to represent on this occasion.
- A copy of this form will be retained by my school.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_