BARRON RIVER 10-12 YEARS SCHOOL SPORT TRIAL NOTICE – BOYS BASKETBALL

Dear Parent/Caregiver,

We are pleased to invite your child to trial for the Barron River Boys Basketball representative team.

The details of this trial are as follows:

Trial Dates	Tuesday 15 th and 22 nd of March 2016		
Trial Venue	Peace Lutheran College (Undercover Basketball Court)		
	Cowley Street, Kamerunga		
Time	3:30pm to 4:30pm.		
Equipment	Appropriate basketball equipment		
Eligibility	All students born in 2004, 2005 and 2006 are invited to trial.		
Training Dates (if selected)	Tuesday the 19 th of April 2016		
	Peace Lutheran College (Undercover Basketball Court)		
(ii selecteu)	Cowley Street, Kamerunga		
Peninsula	Monday the 18 th of April 2016		
Regional	Cairns Basketball Stadium		
Championship	Aumuller Street, Westcourt		
Information			
State	Thursday the 2 nd of June to Sunday the 5 th of June, 2016		
Championship	Mackay (Capricornia Sports Region hosting)		
Information	Approximate Cost: \$1000		
Team Official	Thomas Dunsmuir	Peace Lutheran College	07 4039 9000

Please retain this information sheet for future reference, in the event that your child is successful in gaining Barron River selection.

All students attending this Barron River trial <u>must</u> bring the **Barron River School Sport Consent Form** as well as the **completed Peninsula Region paperwork** with them. You do **not** need to complete the Principal Approval Form, as it applies only once a student is successful in selection for Barron River. These forms will be collected and kept for our records. Your assistance and support is appreciated.

We wish your child every success with their sporting endeavours.

Ayton Russell

Chair, Barron River District School Sport Holy Cross School 07 4057 6920 arussell2@cnscatholic.qld.edu.au

Jonathon Pont

Secretary, Barron River District School Sport Freshwater State School 07 4058 9222 jpont8@eq.edu.au

BARRON RIVER 10-12 YEARS SCHOOL SPORT CONSENT FORM – BOYS BASKETBALL

PARENT CONSENT Student's Full Name (Please Print):

Current School:

Date of Birth (DD/MM/YYYY):

As Parent/Guardian, I give approval for participation in the Barron River 10-12 Years School Sports District Trial and for team officials to contact my child by phone or email during the representative season, but <u>strictly on sport-specific business only.</u>

Parent/Guardian Name:

Parent/Guardian Signature:

Emergency Contact Number:

Please list any relevant medical history/information

IMPORTANT - Complete this form and bring to the Barron River trials.