



# City South Sapsasa

District Convenor: Julie Phillips    Mobile: 0428 636 207



## BOYS SOCCER TRIALS - 2019

Invitations are extended to Year 6 and Year 7 boys to attend selection trials to represent the City South District at the Sapsasa State Soccer Carnival.

**The Soccer State Carnival will be in Week 8, Mon Sept 9<sup>th</sup>-Thurs Sept 12<sup>th</sup> at Barratt Reserve, West Beach.**

Attendance at trials indicates a willingness to be selected and available for all 4 days.

On selection, there will be further practices and information outlining costs etc.

**VENUE:** ASCOT PARK PRIMARY SCHOOL, 1-37 Pildappa Avenue, Park Holme

**DATES:** Wednesdays, July 31<sup>st</sup>, Aug 7<sup>th</sup> and Aug 14<sup>th</sup> (if needed). Must attend all sessions.  
Selected Team practices will be on following Wednesdays till the Carnival

**TIME:** 4.00pm - 5.00pm

**BRING:** Soccer Attire, inc. shin guards, numbered shirt and water bottle

**# please insure the same numbered shirt is worn to ALL trials**

**COACH:** Chris Fleetwood                      Mobile: 0488 923 477

**Please Return Nomination Form by Friday July 26<sup>th</sup>.**

**Address to Chris Fleetwood at Ascot Park School.**

**Email:** [Christopher.fleetwood448@schools.sa.edu.au](mailto:Christopher.fleetwood448@schools.sa.edu.au) or Fax: (08) 8277 9007

### Student Information

Student's Given Name:	Student's Family Name:
Parent / Carer Given Name:	Parent / Carer Family Name:
Residential Address:	Phone Mobile:
School:                                      YEAR LEVEL:	Phone Home:
Club playing for:	Date of Birth:                      /                      /
Other Soccer Information:	POSITIONS:

### Medical Information

Medicare No:	Medical Condition:
Additional Medical Details:	Medication:
Allergies:	Date of last Tetanus Injection:
Private Health Fund Name:	Private Health Fund Membership Number:

I give permission for my child to attend the trials and be eligible for the District team.	Yes	No
I give permission for the team officials to obtain medical or dental treatment for my child if it is considered necessary and I accept any responsibility for any cost involved.	Yes	No
I consent for images and name of my child for publication use by DECS/School Sport on websites and print media.	Yes	No

Signed ..... (Parent/Carer)

Date ...../...../.....