Ballina District PSSA Cricket Trials

Memo: Principals/Sports Organiser – please give a Permission Note to the following students

* Giacomo Pippo, Jakob O’Connor - Empire V
* Adam Hart, Tyler Mackney - Evans R
* Tom Brown, Nathan Campbell, Bryce Vidler, Brodie Olive- Coraki
* Nick Hall, Dylan Stone – Alstonville
* Isaac Goldsworthy, Freeman Goldsworthy, Travers Golding, Jackson Gordon, Mitchell Perin, Michael Evans – Teven Tintenbar
* Nicholas Asser, Kynan Whitney, Tom McEvoy, Lucas Daniels, Angus Langfield, Jack Cornwell – Lennox Hd
* Anthony Wright, Laim Lawrence, Nick alcorn, Jack Stockings, Aidan Downs – Wollongbar
* Miles Forster, Kaleb Morhaus, Rubin Simonsen, Ben Miller, Chris Saunders, Brad Janson - Sthn Cross.

Date: Monday 8th February 2010

Venue: Geoff Watt Oval, Alstonville

Time: 12.00 - 3.00pm

Team Manager: Mr James Campey

Travel: Students attending are to organise their own private transport to and from the trials.

Entry Fee: $3 per player
To be paid at your school

Consent Form: Should be completed and handed to the team manager on the day.

Ballina District Team:
A team will be selected to progress to the Far North Coast Selection Trials to be held on Friday 12th February 2010 at Brunswick Heads.

Medical information form

The information provided on …………(date) by ………………………………..(parent’s name) is being obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about …………………………………………..(student’s name) who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with LENNOX HEAD PS.

Student name: 
Class: 
Medicare No: (optional)

Parent or caregiver contact details

Name: 
Address: 
Home phone: 
Work: 
Mobile: 

Doctor contact details

Name: 
Phone: 

Emergency contact details

Name: 
Phone: 

List existing medical conditions or illnesses (include asthma, diabetes, epilepsy, allergies etc.). Outline the treatment for each.

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion

Signature: Date: 

Permission Notes and $3 Levy must be returned to the office no later than 9.00am Monday 8th February 2010.