



**SCHOOL SPORT VICTORIA (SSV) / NRL VICTORIA (NRL)
12 YEARS & UNDER STATE RUGBY LEAGUE TEAM
NOMINATION FORM**



Open Trial Date – Sunday 5th May, 2019 – Fregon Reserve, Clayton

10:00am – 2:00pm

Ben Jack, NRL Lead Game Development Officer – 0408 069 172, email – bjack@nrl.com.au
School Sport Victoria www.ssv.vic.edu.au

2019 STATE TEAM - PLAYER NOMINATION FORM
FOR STUDENTS IN PRIMARY SCHOOLS & 12 YEAR OLDS IN SECONDARY SCHOOLS

NAME:		MALE / FEMALE
ADDRESS:		
		POST CODE:
HOME PHONE:	PARENT/GUARDIAN MOBILE:	
PARENT/GUARDIAN EMAIL:		
EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT MOBILE NUMBER:		
DATE OF BIRTH:	AGE IN YEARS (as at 31/12/2018): Note: students turning 10 or 13 during 2019 are ineligible.	
SCHOOL NAME:		
SCHOOL ADDRESS:		
SCHOOL PHONE:	SCHOOL GRADE:	
JUNIOR RUGBY LEAGUE CLUB:	YEARS PLAYED:	
ACHIEVEMENTS:		

TRIAL DATE & VENUE ATTENDING: _____

PREFERRED PLAYING POSITIONS:

First Preference	Second Preference	Third Preference

Undertaking

1. If selected in the State team, my child will be available for all training sessions and meet all obligations and participation costs of being a member of a SSV State team. Costs of being a state team member are approximately **\$1,600 - \$1,900** and may vary depending on the location of the School Sport Australia Championship around Australia.
2. I agree to accept all decisions of the team officials, selectors and SSV / NRL VIC officials in good faith.

MEDICAL CONSENT: I AUTHORISE THE TEACHER IN CHARGE OF THE TRIAL, WHERE IT IS IMPRACTICAL TO COMMUNICATE WITH ME, TO MY CHILD RECEIVING MEDICAL, AMBULANCE AND / OR SURGICAL TREATMENT AS MAY BE DEEMED NECESSARY. I AGREE TO PAY ALL RELATED COSTS.

PRIVACY STATEMENT: I AGREE FOR MY CHILD'S NAME TO BE PUBLISHED ON RESULTS, PROGRAMS, WEBSITES AND FOR MY CHILD'S LIKENESS TO BE USED FOR PHOTOGRAPHIC, VIDEOING OR OTHER MEDIA PURPOSES BY SSV / SCHOOL SPORT AUSTRALIA / NRL VIC.

PARENT/GUARDIAN NAME: _____

SIGNATURE: _____ Date _____

I agree that the student is a bona fide student of the school and that the school is affiliated with SSV for the current year.

PRINCIPAL (signature): _____ Date _____

THE NOMINATION FORM MUST BE RETURNED TO BEN JACK, NRL VICTORIA, PO BOX 155, RICHMOND, VIC 3121 OR EMAILED TO bjack@nrl.com.au BY WEDNESDAY 1st MAY, 2019