

# **Bundaberg 12 Years Boys Cricket Trials**

The Bundaberg 12 Years Boys Cricket trials will be held of multiple afternoons for different age groups. Please see below to when your child should be attending. After these 3 sessions, a final team will be selected to compete at the Wide Bay Trials to be held at Kendalls Flats on October 11-12, 2020.

Please take note of the following details of the trials;

## **Where: Norville State School**

*Please note that entrance will be from the back gate at Norville Park and parents are to remain outside the school grounds and maintain social distancing.*

**When: Tuesday 8<sup>th</sup> September (2008 Born Players)**

**Wednesday 9<sup>th</sup> September (2009 and exceptional 2010 born players)**

*Stage 2 of the trials for selected players will be held  
Tuesday 15<sup>th</sup> September.*

*Please bring a completed Bundaberg 12 Years trial nomination form, Water bottle, Hat and cricket equipment for a centre-wicket game scenario.*

Yours Truly

Simon Kelly

Bundaberg Cricket Convenor

Walkervale SS PE Teacher

**BUNDABERG 10-12 Years SCHOOLS' SPORTS TRIALS  
NOMINATION FORM**

SPORT: Cricket (Boys)

***PLEASE COMPLETE THIS FORM AND PRESENT TO THE COACH/MANAGER AT  
THE TRIALS***

TRIAL DATES: 8<sup>th</sup> (2008 Born) & 9<sup>th</sup> (2009/10 Born) September

WHERE: Norville State School

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

NOMINATED BY (Teacher's Name): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT/S:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_  
2. \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ANY RELEVANT MEDICAL HISTORY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREFERRED POSITION/S FOR SELECTION: (eg. Opening bat; First base; Goalie etc.)  
\_\_\_\_\_

- I acknowledge that the Bundaberg 10-12 Years School Sport (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_