

## **BUNDABERG DISTRICT SCHOOL SPORT**

### **GIRLS AND BOYS BASKETBALL TRIALS – 2020**

Nominations are being called from all schools in the Bundaberg District, for GIRLS and BOYS to attend the 2020 Bundaberg Zone 10-12 years old Basketball Trials.

**TRIAL DATES:** Thursday 27th February and Thursday 5th March, 2020.

**TIME:** 4:00pm – 5.30pm

**WHERE:** Bundaberg Basketball Stadium, Bundaberg.

**ELIGIBILITY:** Girls & Boys born 2008, 2009 & 2010

**WHAT TO BRING:** School sport uniform, hat, water bottle.

**District NOMINATION FORM signed by the nominating teacher.**

**A TEAM OF 10 GIRLS and 10 BOYS** will be selected to attend the **WIDE BAY REGIONAL TRIALS in BUNDABERG on 21/22 APRIL.**

From the Regional Trials a WIDE BAY BOYS TEAM and a WIDE BAY GIRLS TEAM (State Carnival 23 – 26 May at Cararra) will be selected.

#### **TEACHERS PLEASE NOTE:**

Coaches and Teachers are urged to use discretion when sending students to these trials. Please send students who have either had previous experience playing basketball or show strong potential in the sport.

A player who is interested in attending these trials but for some reason is unable to attend should contact:  
Sean Mullaney

Woongarra State School

41506333

# **Under 12's Bundaberg Primary School Sports Trial**

**Please complete this form and present to the coach/manager at the trials**

NAME: \_\_\_\_\_ Gender:      Boy      Girl

SPORT:      **BASKETBALL**

TRIAL DATE:      Thursday 27th February and Thursday 5th March, 2020.

WHERE:      Bundaberg Basketball Stadium

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

NOMINATED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

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

EMERGENCY CONTACTS:

- |          |              |
|----------|--------------|
| 1. _____ | PHONE: _____ |
| 2. _____ | PHONE: _____ |

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

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

ANY RELEVANT MEDICAL HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_