

BUNDABERG DISTRICT SCHOOL SPORT

GIRLS AND BOYS BASKETBALL TRIALS – 2024

Nominations are being called from all schools in the Bundaberg District, for GIRLS and BOYS to attend the 2024 Bundaberg Zone 10-12 years old Basketball Trials.

TRIAL DATES: Monday 12th February and Thursday 15th February 2024

TIME: 4.15 – 5.30pm

WHERE: Bundaberg Basketball Stadium, Bundaberg.

ELIGIBILITY: Girls & Boys born 2012, 2013 & 2014

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 GYMPIE** on **18/19 April**.

From the Regional Trials a **WIDE BAY BOYS TEAM** and a **WIDE BAY GIRLS TEAM**

(State Carnival 5 June - 9 June, in Rockhampton) 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

smull70@eq.edu.au

41506333

12 and Under Bundaberg School Sports Trial

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

NAME: _____ Gender: Boy Girl

SPORT: **BASKETBALL**

TRIAL DATE: Monday 12th February and Thursday 15th February 2024

WHERE: Bundaberg Basketball Stadium, 3 Flint St, Bundaberg South.

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: _____