

**City South Sapsasa**

 District Convenor: Julie Phillips Mobile: 0428 636 207

Invitations are extended to Year 6 and Year 7 boys and girls to attend selection trials to

represent the City South District in the upcoming 2018 Sapsasa State TennisCarnival.

**The Sapsasa Tennis State Carnival will be in Term 4, Week 6, November 19th - 23rd,**

**Mon- Fri, held at Seacliff Tennis Club, Lipson Ave, Seacliff.**

The coach reserves the right to select children on ability shown at the trials.

Attendance at trials indicates a willingness to be selected and availability for the week-long carnival.

On selection, further information will be given outlining costs and extra trainings etc.

**VENUE**: Blackwood Tennis Club, Cnr Coromandel Parade and Cumming Street, Blackwood

**DATES:** **Sunday 28th Oct. 10:00 am to approx. 12:00 pm**

 **Sunday 4th Nov. 10:00 am to approx. 12:00 pm**

 **Sunday 11th Nov. 10:00 am to approx. 12:00 pm**

**BRING:** Racquet, water bottle, sun screen, cap, wear appropriate sports attire

**COACH:** Natalie Taylor. Natalie can be contacted by:

Mobile 0423 281 529, Fax – 8139 9399 or Email – natalie.taylor866@schools.sa.edu.au

Students should return the completed form by email or fax to Nat by Wednesday 24th October

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**PLEASE RETURN THIS FORM BY EMAIL OR FAX TO Nat BY WED OCT 11th.**

# Student Information

|  |  |
| --- | --- |
| Student’s Given Name: | Student’s Family Name: |
| Parent / Carer Given Name: | Parent / Carer Family Name: |
| Residential Address: | Email: |
| Phone Mobile: | Phone Home: | School: ………………………………………. YEAR LEVEL …..… |
| **CLUB/TEAM(S) playing for:** | Date of Birth: / / |
| **OTHER RELEVANT INFORMATION: (Summer/Winter, Division, Number)** |

# Medical Information

|  |  |
| --- | --- |
| Medicare No: | Medical Condition: |
| Additional Medical Details: | Medication: |
| Allergies: | Date of last Tetanus Injection: |
| Private Health Fund Name: | Private Health Fund Membership Number: |

|  |  |  |
| --- | --- | --- |
| I give permission for my child to attend the trials and be eligible for the District team. | Yes |  No |
| I give permission for the team officials to obtain medical or dental treatment for my child if considered necessary and I accept any responsibility for any cost involved. | Yes |  No |
| I consent for images and name of my child for publication use by DECS/School Sport on websites and print media. | Yes |  No |

Signed ……………………….…………….………..…….….. (Parent/Carer) Date ……..…../……..…/……..…