



VICTORIAN PRIMARY SCHOOLS' SPORTS ASSOCIATION  
ABN: 84 144 966 971

SPORT: \_\_\_\_\_

*Use only for Soccer, Hockey, Netball, Softball, AFL Football, Basketball.*

**2010 STATE TEAM - PLAYER NOMINATION FORM**  
**FOR STUDENTS IN PRIMARY SCHOOLS ONLY**

<b>NAME:</b>		<b>MALE / FEMALE</b>
<b>ADDRESS:</b>		
		<b>POST CODE:</b>
<b>HOME PHONE:</b>	<b>MOBILE:</b>	
<b>HOME / PRIVATE EMAIL:</b>		
<b>DATE OF BIRTH:</b>	<b>AGE IN YEARS (as at 31/12/2010):</b> <i>Note: students turning 9 or 13 years in 2010 are ineligible</i>	
<b>SCHOOL:</b>		
<b>SCHOOL ADDRESS:</b>		
<b>SCHOOL PHONE:</b>	<b>SCHOOL FAX:</b>	
<b>CLUB:</b>	<b>SUBURB:</b>	
<b>YEARS PLAYED:</b>	<b>GRADE/S:</b>	
<b>ACHIEVEMENTS:</b>		

**PREFERRED PLAYING POSITIONS):**

<b>First Preference</b>	<b>Second Preference</b>	<b>Third Preference</b>

**Undertaking**

1. I have read the information forwarded with this form and understand my obligations
2. My child has been nominated by their school to attend a district trial.
3. If my child is successful they will become a member of the District Representative Team.
4. This team will progress to zone trials: if successful my child becomes a member of the Zone Representative Team and the team will progress to Regional finals. Aiming for a place in the Region Representative Team. This team then progresses to State Trials where success may result in a place in the State Squad.
5. If selected in the final team, my child will be available for all training sessions and meet all participation costs. Costs of being a state team member are \$800-\$1000.
6. I agree to accept all decisions of the team officials, selectors and VPSSA officials in good faith

**PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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

**PRINCIPAL (signature):** \_\_\_\_\_ **Date** \_\_\_\_\_

