



Murraylands
SAPSASA DISTRICT

Convenor:

Bryan Wilsdon

Mobile:

0439 508 475

Email:

bryan.wilsdon907@schools.sa.edu.au

Est. 1912



Football tryout information

The Murraylands District would like to invite year 6 and 7 boys who are interested in playing football against other district teams at the School Sport SA Sapsasa State Carnival.

Please complete the attached consent and medical form and send to me at least 7 days prior to the first tryout. The original copy must go to your school office.

Coach: Jacob Rance (Mypolonga teacher)

Try Out details

Where: Ramblers Football Club; Le Messurier Oval, Hannaford St Murray Bridge

Dates:

Tryouts - Wednesday 5th and 12th August

Training - Wednesday 19th, 26th August and 2nd September

Time: 4:30 – 5:30

How to nominate

In order for students to tryout, consent and medical information needs to be completed and sent to me at least 7 days prior the first trial and the original must go to the your school office so they can be filed with your child's information.

Carnival details

Where: Barratt Reserve, West Beach (opposite Adelaide Shores Caravan Park)

Dates: Monday 7th to Wednesday 9th August (full day Monday and Tuesday with half day Wednesday – to comply with covid restrictions)

Cost: \$65.00 or \$55.00 for school card holders.

Transport to the carnival each day must be provided/organised by parents.

Any problems contact Bryan Wilsdon:

Further information

For more information, please ask your school Sapsasa representative or contact the convenor

NAME: Bryan Wilsdon

MOBILE: 0439 508 475

EMAIL: Bryan.Wilsdon907@schools.sa.edu.au



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Murraylands Football tryout nomination form

Student information

Student's name:			
School:			
Year level:		Date of birth:	
Gender			<input type="checkbox"/> M <input type="checkbox"/> F
School card holder:			<input type="checkbox"/> Y <input type="checkbox"/> N
Aboriginal / Torres Strait Islander			<input type="checkbox"/> Y <input type="checkbox"/> N
English as an Additional Language or Dialect (EALD):			<input type="checkbox"/> Y <input type="checkbox"/> N

Contact details

Parent/ caregiver name:			
Home address:			
Email:			
Mobile:		Home phone:	

Sport details

Preferred playing positions:	
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Please submit an extra page if required for medical details.

Permissions

By signing this form, I give permission for my child to attend the district trial and to be considered for selection. I am aware that this is an optional activity and a levy will be applied and that unless payment or written commitment to pay has been received that my child will not attend. I therefore agree to pay the required cost by the due date. I give permission for team officials to obtain medical or dental treatment for my child if necessary. I accept any responsibility for any cost involved with medical or dental treatment my child receives.

Parent Name: _____

Signature: _____ Date: _____

Return form

Send a copy to me (7 days prior to the first tryout) and give the original to the school.



Murraylands
SAPSASA DISTRICT

Student Medical Details

Section 1: Person Details

Student Name.....Date of Birth.....
 Medicare Number..... Medic Alert No. (if relevant)
 School:
 Parent/Caregiver Name:
 Contact Information:
 Emergency Contact Name & Number.....

Please ensure your contact details and emergency contact details are up-to-date with the school.

Section 2: Health Support Information

Please complete the following information so the school staff can plan for your child's safety.

Does your child have a health care need that could affect their safety on this camp/excursion?

If YES – please complete this section. If NO – please go to section 3 to sign off.

Failure to provide required medication will result in standard First Aid management procedures in an emergency.

Condition:	✓*	Condition:	✓*
Asthma or other respiratory problems		Seizures or Epilepsy	
Allergies (e.g. food, insect or penicillin)		Diabetes	
Blood pressure		Heart condition	
Vision impairment		Hearing impairment or ear disorder	
Joint disorder or pain		Skin condition	
Travel sickness		Headaches	
Phobias			
Disability details (if applicable):			
Other information including braces or supports worn (please provide details):			
Any regular medications? Please list:			
Recent illnesses (if applicable):			
Immunizations up-to-date? YES / NO / UNSURE			

*The school might require specific health support and medication agreements.

Section 3: Consent

I declare I have provided the school with accurate medical information to the best of my knowledge.

Parent or Caregiver Name

SignatureDate

Return form

Send a copy to me (7 days prior to the first tryout) and give the original to the school.



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Netball tryout information

The Murraylands District would like to invite year 6 and 7 girls who are interested in playing netball against other district teams at the School Sport SA Sapsasa State Carnival.

Please complete the attached consent and medical form and send to Bryan Wilsdon at least 7 days prior to the first tryout. The original copy must go to your school office.

Coach: Kelsey Milne (Murray Bridge North teacher)

Try Out details

Where: Unity College – Gymnasium; Owl St, Murray Bridge

Dates:

Tryouts - Wednesday 5th and 12th August

Training - Wednesday 19th, 26th August and 2nd September

Time: 4:30 – 5:30

How to nominate

In order for students to tryout, consent and medical information needs to be completed and sent to Bryan Wilsdon at least 7 days prior the first trial and the original must go to the your school office so they can be filed with your child's information.

Carnival details

Where: Priceline Stadium, 155 Railway Terrace, Mile End South.

Dates: Monday 7th to Wednesday 9th August (full day Monday and Tuesday with half day Wednesday – to comply with covid restrictions)

Cost: \$65.00 or \$55.00 for school card holders.

Transport to the carnival each day must be provided/organised by parents.

NB: Other locations may be used. Updates will be issued as they become available.

Any problems contact Bryan Wilsdon:

Further information

For more information, please ask your school Sapsasa representative or contact the convenor

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Murraylands Netball tryout nomination form

Student information

Student's name:			
School:			
Year level:		Date of birth:	
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	
School card holder:	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Aboriginal / Torres Strait Islander	<input type="checkbox"/> Y	<input type="checkbox"/> N	
English as an Additional Language or Dialect (EALD):	<input type="checkbox"/> Y	<input type="checkbox"/> N	

Contact details

Parent/ caregiver name:			
Home address:			
Email:			
Mobile:		Home phone:	

Sport details

Preferred playing positions:	
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Please submit an extra page if required for medical details.

Permissions

By signing this form, I give permission for my child to attend the district trial and to be considered for selection. I am aware that this is an optional activity and a levy will be applied and that unless payment or written commitment to pay has been received that my child will not attend. I therefore agree to pay the required cost by the due date. I give permission for team officials to obtain medical or dental treatment for my child if necessary. I accept any responsibility for any cost involved with medical or dental treatment my child receives.

Parent Name: _____

Signature: _____ Date: _____

Return form

Send a copy to Bryan Wilsdon (7 days prior to the first tryout) and give the original to the school.



Murraylands SAPSASA DISTRICT

Student Medical Details

Section 1: Person Details

Student Name.....Date of Birth.....
 Medicare Number..... Medic Alert No. (if relevant)
 School:
 Parent/Caregiver Name:
 Contact Information:
 Emergency Contact Name & Number.....

Please ensure your contact details and emergency contact details are up-to-date with the school.

Section 2: Health Support Information

Please complete the following information so the school staff can plan for your child's safety.

Does your child have a health care need that could affect their safety on this camp/excursion?

If YES – please complete this section. If NO – please go to section 3 to sign off.

Failure to provide required medication will result in standard First Aid management procedures in an emergency.

Condition:	✓*	Condition:	✓*
Asthma or other respiratory problems		Seizures or Epilepsy	
Allergies (e.g. food, insect or penicillin)		Diabetes	
Blood pressure		Heart condition	
Vision impairment		Hearing impairment or ear disorder	
Joint disorder or pain		Skin condition	
Travel sickness		Headaches	
Phobias			
Disability details (if applicable):			
Other information including braces or supports worn (please provide details):			
Any regular medications? Please list:			
Recent illnesses (if applicable):			
Immunizations up-to-date? YES / NO / UNSURE			

*The school might require specific health support and medication agreements.

Section 3: Consent

I declare I have provided the school with accurate medical information to the best of my knowledge.

Parent or Caregiver Name

SignatureDate

Return form

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Soccer tryout information

The Murraylands District would like to invite year 6 and 7 boys and girls who are interested in playing soccer against other district teams at the School Sport SA Sapsasa State Carnival to nominate and attend tryouts. If there are not sufficient players who nominate then an invitation will be extended to year 5 students (who are or will be turning 11 this year) to participate.

Please complete the attached consent and medical form and send to Bryan Wilsdon at least 7 days prior to the first tryout. The original copy must go to your school office.

Try Out details

Where: Murray Bridge United Soccer grounds; Beatty Terrace, Murray Bridge

Dates:

Tryouts - Wednesday 22nd and 29th July

Training - Wednesday 5th, 12th & 19th August

Venue: Murray Bridge United Soccer

Time: 4:30 – 5:30

How to nominate

In order for students to tryout, consent and medical information needs to be completed and sent to Bryan Wilsdon at least 7 days prior the first trial and the original must go to the your school office so they can be filed with your child's information.

Carnival details

Where: Barratt Reserve, West Beach (opposite Adelaide Shores Caravan Park)

Dates: Monday 24th to Wednesday 16th August (full day Monday and Tuesday with half day Wednesday – to comply with covid restrictions)

Cost: \$65.00 or \$55.00 for school card holders.

Transport to the carnival each day must be provided/organised by parents. A teacher manager/coach has been appointed to supervise the team.

Any problems contact Bryan Wilsdon:

Further information

For more information, please ask your school Sapsasa representative or contact the convenor

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Murraylands Soccer tryout nomination form

Student information

Student's name:			
School:			
Year level:		Date of birth:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F		
School card holder:	<input type="checkbox"/> Y <input type="checkbox"/> N		
Aboriginal / Torres Strait Islander	<input type="checkbox"/> Y <input type="checkbox"/> N		
English as an Additional Language or Dialect (EALD):	<input type="checkbox"/> Y <input type="checkbox"/> N		

Contact details

Parent/ caregiver name:			
Home address:			
Email:			
Mobile:		Home phone:	

Sport details

Preferred playing positions:	
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Please submit an extra page if required for medical details.

Permissions

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Parent Name: _____

Signature: _____ Date: _____

Return form

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Murraylands SAPSASA DISTRICT

Student Medical Details

Section 1: Person Details

Student Name.....Date of Birth.....
Medicare Number..... Medic Alert No. (if relevant)
School:
Parent/Caregiver Name:
Contact Information:
Emergency Contact Name & Number.....

Please ensure your contact details and emergency contact details are up-to-date with the school.

Section 2: Health Support Information

Please complete the following information so the school staff can plan for your child's safety.

Does your child have a health care need that could affect their safety on this camp/excursion?

If YES – please complete this section. If NO – please go to section 3 to sign off.

Failure to provide required medication will result in standard First Aid management procedures in an emergency.

Condition:	✓*	Condition:	✓*
Asthma or other respiratory problems		Seizures or Epilepsy	
Allergies (e.g. food, insect or penicillin)		Diabetes	
Blood pressure		Heart condition	
Vision impairment		Hearing impairment or ear disorder	
Joint disorder or pain		Skin condition	
Travel sickness		Headaches	
Phobias			
Disability details (if applicable):			
Other information including braces or supports worn (please provide details):			
Any regular medications? Please list:			
Recent illnesses (if applicable):			
Immunizations up-to-date? YES / NO / UNSURE			

*The school might require specific health support and medication agreements.

Section 3: Consent

I declare I have provided the school with accurate medical information to the best of my knowledge.

Parent or Caregiver Name

SignatureDate

Return form

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