**CRONULLA ZONE PSSA**

**Zone Trials**

**SPORT: (INSERT SPORT)**

**(INSERT DATE)**

When completed please email to **(INSERT CONVENER NAME)** by **(INSERT DATE). If no students at your school are attending, please send a NIL return.**

Convener: **(INSERT CONVENER NAME)**

School: **(INSERT CONVENER SCHOOL)**

Phone: **(INSERT SCHOOL NUMBER)**

Email: **(INSERT EMAIL ADDRESS)**

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Sport: **(INSERT SPORT)**  Grade/Age: **(IF NECESSARY)**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_**

The following students have been chosen to trial from our school and have returned permission notes. **Please send details of any medical issues associated with students trialling to the convener. e.g. asthma, anaphylaxis, allergies**

**\* Please ensure that all students are able to attend both the Sydney East trial on (INSERT DATE) and the NSWPSSA State Carnival from (INSERT DATES), otherwise they are ineligible to be chosen in the Zone team.**

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| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Preferred Positions** | **Comment/****Recommendation** | **Medical Issues** **(if applicable)** |
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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Sportsperson*

I give my permission for the students named above to trial for a place in a Cronulla PSSA team.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Principal*