

INVITATION/PERMISSION TO ATTEND DARWIN REGION TRIALS – 12/13 & Under Tennis Development Camp



Ages 10 - 13 Primary & Middle School Students

Players must be a minimum of 10 years – i.e. born no later than 2007, and a maximum of 13 years – i.e. born no earlier than 2004.)

You are invited to attend the 2017 12/13 & Under Tennis Selection Trials for Darwin Region. To be eligible for selection in the Darwin Region Team students **MUST** attend **2 out of the 3 trial days, be the correct age and attend a Darwin Region School**. At the end of the 3 trial days, selectors will identify the students that will make up the Darwin Region Team or Squad. Darwin Region Team members will compete at the School Sport NT 12/13 & Under Tennis Development camp being held in Darwin from 20 – 22 June. Students will be selected based on their ability to participate as a team member, attend training, meet game specific criteria and agree to meet cost. Please remember it is your responsibility to get to and from training, if are unable to attend training, you must notify your coach/Manager or the Darwin Region office.



TRIALS			
Day	Date	Time	Venue
Monday	24 th April	3.30 – 5.00pm	Garden's Tennis Courts
Wednesday	26 th April	3.30 – 5.00pm	
Thursday	27 th April	3.30 – 5.00pm	

If you are selected in the Darwin Region team, your coach or Manager will notify you of training dates and venues. More details will be provided by team managers after team selections have been made. This will include information on permission notes, codes of behavior, levy payments and uniforms.

IF SELECTED – SCHOOL SPORT NT EVENT DETAILS		
Date	Host Venue	Travel & Levies Costs (ESTIMATE ONLY)
20 – 22 June	Darwin	\$285.00 ALL LEVIES MUST BE PAID IN FULL BY 1 st of June 2017

Please complete the permission note below and hand in to the coach/manager or School Sport Coordinator at the trials.



STUDENT CONSENT TO PARTICIPATE AT DARWIN REGION 12 & UNDER TENNIS TRIALS – GIVE TO MANAGER or SSC

Given Name:				Family Name:	
Date of Birth:	Age on 31 st Dec 2017	Male	Female	School	

CONTACT DETAILS

Parent/Guardian Given Name:			Parent/Guardian Family Name:		
Residential Address:			Postal Address:		
Mobile Phone:	Phone (AH)	Email			
Does your child suffer from any medical condition? If yes, please list					

Signed: _____ **(Parent/Guardian)** **Date:** / /