



**WESTERN
SCHOOL SPORTS ASSOCIATION
Primary Golf Trials
Wednesday August 15th 2018**

Competitors:

- 18 hole participants should be regular golf players, have a GA handicap and are capable of completing 18 holes in 4.5 to 5 hours maximum.
- 9 hole participants need to have had previous golfing experience.

Students may choose to use this event as a precursor to the NSW Primary Schools Golf Championship which will be held on 12-13th September (Pre-entry will be required.) There may be a Western Team entry if boys and girls are of sufficient standard.

Events:

- ⇒ Boys' and Girls' 18 holes Individual Stroke and Handicap Championship. Participants should have a GA handicap.
- ⇒ Boys' and Girls' 9 holes Non-Handicap Stroke Event.

Eligibility:

Students **MUST** attend a NSW government primary or central school (primary department). Boy or Girl - aged 9 to 13 years.

Each group of three or four players will require an adult to walk with them.

Entry form:

Each competitor must complete an individual entry form. Entry forms due by **Monday, 12 August 2018 to WESTERN SSA GOLF CONVENOR:**

**Jodeen Jackson
Bathurst West PS
Suttor Street, Bathurst 2795
or Email Jodeen.jackson@det.nsw.edu.au**

Cost:

\$20.00 (GST Inclusive) includes green fees and lunch. Payment to be made on the day at the Pro Shop.

Venue:

Bathurst Golf Club, 136 Vittoria St, Bathurst 2795 Ph 6331 1379

Time:

9.40 am - Registration outside the Pro Shop for a 10am start. A draw will be available a couple of days before the event. Tee off times will be available by ringing the Bathurst Pro Shop (6331 1379).

Contact:

Matthew Barrett
Bathurst Pro Shop
Phone: 6331 1379
Email: proshop@bathurstgolf.com.au

Jodeen Jackson
Bathurst West Public School
Phone: 63311142
Email: Jodeen.jackson@det.nsw.edu.au

Western School Sports Association

Consent to attend a Western regional sporting event

Your child has been selected to represent your district at the Western SSA Trials.

For further information please visit app.education.nsw.gov.au/sport.

Name of event	
Date	15 th August 2018
Venue	Bathurst Golf Club
Time	9:30am Registration
Cost	\$20
Supervising Teacher	Jodeen Jackson
Travel	Players are responsible for their own transport to and from the trial
Equipment Required	Golf Clubs
Golf Link No.	
Please choose one	18 holes <input type="checkbox"/> 9 holes <input type="checkbox"/>
Canteen	Yes. Cost includes lunch.

All competitors who enter the 18 hole trials are available for Area Team Selection. Students who are not available to represent Western SSA at the State Carnival should compete in 9 holes.

1. Student details

Student details	Insert required student details
Full name	
Date of birth	
School name	
District name	

2. Student medical details

Student medical details	Insert required student medical details
Asthma	Yes / No
Epilepsy	Yes / No
Allergies	
Medications	
Non allowable foods	
Does your child have an ASCIA action plan? Yes or no? (If yes, a copy must be attached to this form).	

Please detail any medical or special needs which the convener should be aware of, including any behaviour management or other specialised plans (copies of plans to be attached).

- I have read the information issued and I hereby consent to my child participating in this event.
- In the event of accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require.
- To the best of my knowledge, my child has no medical condition or injury that places him/her at risk in participating in this sport activity.
- While I appreciate the efforts made by the convenor to minimise the possibility of injury, I understand that there will remain some degree of risk inherent in participation in what is essentially a body contact sport. I understand that the wearing of a correctly fitted mouthguard is mandatory in all games and training sessions.

3. Parent/Caregiver details and consent

Parent/caregiver details	Insert required parent/caregiver details
Full name	
Home address	
Mobile phone number	
Email address	

Name and signature of parent/caregiver

Date: _____

4. Principal's declaration

- I certify that the student whose details appear on this form is enrolled at this school.
- I have verified that the date of birth as stated on this form is correct.
- He/she has the school authority to represent on this occasion.
- A copy of this consent form will be retained by my school.

Name and signature of principal

Date: _____