

Sports Team Selection



REQUEST FOR CONSIDERATION OF INCLUSION INTO AN INNER WEST ZONE PSSA TEAM

IWPSSA ZONE EVENT _____

TRIAL DATE: _____

Student First Name: _____ Surname: _____

School: _____ Public School Date of Birth: _____

NB: Student must guarantee to be in attendance at Zone trial if seeking consideration for injury.

Recent performances from this year and previous year's zone team or previous Sydney East representation:

Reason for request: _____

Medical certificate attached stating injury (if required): YES NO

School Sports Organiser Signature: _____ Date: _____

or

Principal's Signature: _____ Date: _____

Comment: _____

Completed submission must be forwarded at least two school days prior to the date set for the IWPSSA trial. Please consult selection policy for reasons acceptable for consideration:

SEND TO THE INNER WEST PSSA PRESIDENT
John Tran – han.tran@det.nsw.edu.au

NB. There is no guarantee that an application will result in selection in the nominated team. Applicants will be notified by their school of the outcome of their request following the review by the IWPSSA Executive and the relevant convenor. If a train-on squad or second trial is called students included because of injury or representing their school at school-based activity or higher level school sport activity must be available and fit to play (with Doctor's clearance if injured) at any subsequent trial.