



# INDOOROOPILLY

## STATE HIGH SCHOOL

# A COMMUNITY OF *Forward thinkers*

### Nomination Form:

For Northern Eagles District Trials including paper nominations

Before completing the nomination, please refer to the trial notice to ensure you are the correct age and are available to attend all trial dates. Nominations are not automatically accepted, and students need to be of the appropriate standard and able to abide by the Metropolitan West School Sport Codes of Conduct before nominations will be made. Standard may be determined by previous experience and/or a school-based trial.

Nominations can only be made through ISHS Sports Co-ordinator. Please contact the HPE Department if you have any questions regarding Northern Eagles Sport. Parents/guardians/students are not to contact the Northern Eagles Secretary directly.

\* Please use trial notice to complete ALL information \*

<b>Sport:</b>	
<b>District Trial Date:</b>	

Connect	Student's Name	DOB	Parent/Guardian Email	Parent/Guard Mobile No.	Preferred Playing Position/s
<b>Experience</b>					

All nominations are to be emailed to [sport@indoorooshs.eq.edu.au](mailto:sport@indoorooshs.eq.edu.au) by 3 pm on the closing day of nominations

Please complete the *Student Medical and Permission forms*.

Collect the signed *Principal Approval form* from W block staffroom.

**If accepted, take the hard copy of the Principal Approval form, and Student Medical and Permission form to the trial.**

**You cannot trial without these documents.**

**PRINCIPAL APPROVAL FORM**

DEPARTMENT OF EDUCATION AND TRAINING

**Queensland School Sport**



I hereby certify that \_\_\_\_\_ who has been invited to trial at the **Northern Eagles District** \_\_\_\_\_ to be held on \_\_\_\_\_, is enrolled as a student at this school. I further declare that the school has confidence that the student can abide by the Metropolitan West School Sport Codes of Conduct (attached), and I have no hesitation in recommending the student as one who merits selection in the team.

I understand that the Team Coach/Manager and Event Coordinator will complete risk assessments prior to this event.

I hereby consent to the student's participation in the team.

**Student Date of Birth:**

| \_\_\_\_\_

**Principal's Signature:**

\_\_\_\_\_

**Date:**

| \_\_\_\_\_

**School:**

| INDOORROOPIILLY STATE HIGH SCHOOL

***Please return to-***

**Selected Student  
who will return form to the  
Team Manager**

\_\_\_\_\_

**School Stamp**