

# Hampshire Netball Association

## U15 County Academy Trials

Trial Date	Venue and Times	Closing Date
<b>Saturday, 28th April, 2018</b> <i>Preliminary Trial</i>	Places Leisure (Fleming Park) Passfield Avenue Eastleigh Hampshire, SO50 9NL Times 13:00 – 16:00	13th April, 2018
<b>Saturday, 14th July, 2018</b> <i>Final Trial</i>	Places Leisure (Fleming Park) Passfield Avenue Eastleigh Hampshire, SO50 9NL Times will be confirmed once we know numbers	N/A

**TIME:** Registration is at 12:30

**COST:** £10.00 (no refunds will be given)

The form attached must be completed and returned with the £10.00 entry fee prior to the 13th April, 2018, to guarantee your place at the trials. **Acknowledgement will be sent by email**

Please make payment via BACS, using reference AC19 + athletes first name initials and surname, (e.g. AC19 A. Nother), no later than Saturday, 13th April, 2018. HNA BACS account details:  
 Lloyds Bank Account No. 02190147 Sort Code 30-93-97

### ADDITIONAL INFORMATION AND ELIGIBILITY CRITERIA

Note to coaches – please only recommend athletes that you think have the potential to progress along England Netball pathway and who will commit to home training programmes, fixtures and can organise their other commitments alongside netball. Please explain to athletes what the programme entails. **Athletes must be affiliated to a club and played for the club during the 2017/18 season to be recommended for a trial.**

Note to athletes – only apply if you are willing to commit to a home training programme and fixtures. If you are successful at the Preliminary Trial then you will receive an invite to the final trial. During this time you will be given a training programme to follow.

Player resources link: <https://www.englandnetball.co.uk/england/performance-pathway>

Satellite Academies will run between September and March/April in Hampshire on a Wednesday evening, approximately twice a month.

### ATHLETE INFORMATION AS TO WHAT TO BRING

Please bring the following to the trial:

Wear black/navy skirt / skort / shorts and white tops

Please ensure you wear full tracksuit for warm up and be prepared for some of the session to be outside

Plenty of fluids and named water bottles

Snacks

Own small first aid kit including ice packs

Medication / inhalers

Towel

Pen and paper



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### TRIAL CONDITIONS

- Hampshire Netball Association is under no liability in respect of personal injury, loss or damage caused while attending this activity
- We reserve the right to change dates, times and/or venue, or cancel activities that are insufficiently subscribed to without prior notice
- We reserve the right to refuse admission to an activity
- You must provide us with a completed form before being invited to the activity

<b>Name of Player</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Parents/Guardian Telephone Nos</b>	<b>Home</b>		<b>Mobile</b>
<b>Parents Email</b>			
<b>Date of Birth</b>		<b>Club Name</b>	
			<b>School Year</b>
<b>County</b>		<b>League Played in During 2017/18</b>	
			<b>Netball ID No</b>
<b>Preferred Playing Position</b>	<b>1st Choice</b>		<b>2nd Choice</b>
<b>Endorsement by Coach Name (Please Print)</b>		<b>Signature</b>	

### CONSENT FROM PARENTS

My child is in good health and I consider her capable of taking part in the activity. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, by a medical professional, which may include the use of anaesthetic. I also understand that while coaches and Hampshire personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury suffered to my child

I am aware that photographs may be taken during the netball activity for promotional purposes and give consent for my child to feature in such photographs	<b>Signature of Parent/Guardian for Photo Consent</b>
Does your child have any medical conditions/allergies? Please list:	Please provide care plan details and relevant medication, i.e. Epipen, inhaler, diabetic medication
<b>Parent/Guardian Name</b> (must be person with legal parental responsibility)	<b>(Please Print)</b>
<b>Signature of Parent/Guardian</b>	
<b>Date</b>	