

## **NORTH CRONULLA NIPPERS TEAM SELECTION CRITERIA**

It is our intention to select the best team for the expected conditions of Carnival's the kids are going to attend. To avoid any confusion over team selection, the team managers and I have put together the following details as a guideline for this year's team selections.

Team events are considered to be extremely important at North Cronulla as the kids learn to work with, and for each other and therefore promotes a good team spirit amongst the kids. This is also where most of our medals are won.

Kids will be placed in a team resulting from the following:

- Child's decision between beach and water events
- Points achieved at our own Competition days and their positioning in the pack at various stages within the race.
- Conditions the races are competed under and expected conditions at the carnival
- Results from carnivals attended throughout the season
- Attendance at nippers on a Sunday
- Performance at nippers on a Sunday morning
- If decisions are close, the kids may be required to have run offs

The Team Selection Committee has the final say over team selections. If you have any questions over the team selected, you may take this up with the team manager and selection committee by pre organising a meeting. Once the team is selected, it will only be changed for illness or injury.

There is to be no approaching Squad Leaders over the team selection, and no ugly scenes on the beach in front of other competitors or parents.

What is required from the kids (U9's and up; U8's compete in all events):

Unfortunately, due to the logistics of Surf carnivals, it is very hard for any child to compete in teams for both beach and water. This is due to often both events being held at the same time. Therefore the kids must decide and communicate to their squad leader if they would like to compete in either beach or water events.

The Team Selection Committee will then place your child in the teams for the events they have chosen. Individually the kids can compete in any event they would like as long as it does not conflict with their team events as team events take priority.

**Please note all competitors will be required to wear Official Club Swimwear and Competition Caps to all Carnivals.**

If you wish to discuss prior to making a commitment for team selections or have any questions please email on the below details.

Email: [hunchster@exemail.com.au](mailto:hunchster@exemail.com.au)

Regards

Scott Young  
Team Manager

# NORTH CRONULLA STATE TEAM CONFIRMATION

Please fill in the below if your child/ren will be attending the Nipper State Championships held at Ocean Beach Umina

Friday 28<sup>th</sup> February – Sunday 2<sup>rd</sup> March 2014

FAMILY NAME: \_\_\_\_\_

*The below children must be Proficient & capable of finishing their events un-aided*

Competitors Name	DOB	Age Group	Boys or Girls	Beach or Water

Note: Under 8's do ALL events thus do not need to choose

Parents / Guardians Names	Contact Mobile Number

*If your child is being chaperoned please advise us of minders details*

## Travel & Accommodation Arrangements

We will be staying at: \_\_\_\_\_

We will be travelling by: \_\_\_\_\_

I am able to assist with (please circle if applicable) WATER SAFETY or as an OFFICIAL

*MUST have relevant qualifications/awards*

I (Parents/Guardian Name) \_\_\_\_\_ confirm that the children (shown above will be attending the NSW SLS Age Championship Titles in March 2014 @ Ocean Beach Umina.

I understand that the children need to decide between either Beach or Water events to be considered by the Team Manager for Team Events

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/2013



## NORTH CRONULLA NIPPERS

### CODE OF CONDUCT

#### **Team Members: NSW Age Surf Life Saving Championships 2014**

You will be acting as an Ambassador for not only North Cronulla but also for your family.

As a responsible Club member you are required to abide by the Code of Behaviour as outlined. This will assist in ensuring that the team has an enjoyable and successful carnival.

#### AS A GUEST:-

- (a) Observe common courtesies by: saying THANK YOU and PLEASE often.
- (b) Maintain a neat and tidy appearance.
- (c) Respect yours and other Club members and their facilities

#### AS A COMPETITOR

- a) Be a good sport.
- b) Must wear official club swimwear and cap whilst competing individually or in team events
- c) Compete for enjoyment.
- d) Work hard for your team and yourself.
- e) Treat your team-mates and opponents as you enjoy being treated yourself.
- f) Compete by the rules.
- g) Co-operate with officials.
- h) Learn to value honest effort, skilled performance and improvement.

#### PARENTS

- a) Encourage participation but do not force your child to participate.
- b) Children are involved for their enjoyment, not yours.
- c) Provide a model of good sportsmanship for your child to copy.
- d) Be courteous in your communication with competitors, officials and sport administrators.
- e) Encourage honest effort, skilled performance and team loyalty.
- f) Do not yell or abuse a child for making a mistake.
- g) Recognise efforts of volunteer Squad Leaders, Trainers, Water Safety and Committee Members. They are not there to be abused or harassed. They are doing their best for your children.

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**NORTH CRONULLA NIPPERS**  
MITCHELL ROAD CRONULLA NSW 2230

TELEPHONE 9523 5846 FAX 9 544 0021

**REPRESENTATIVE CONSENT FORM**

**SPORT:** SLSNSW State Age Championships

**DATES:** 28<sup>th</sup> February to 2 March 2014

**VENUE :** Ocean Beach

Competitor Details: **(Please complete one form for all family members)**

Surname: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

2<sup>nd</sup> child: \_\_\_\_\_

3<sup>rd</sup> child: \_\_\_\_\_

**1. Competitor Medical Details:**

a. Any relevant medical history important for our information eg. Asthma, hay fever, bee stings, allergy to a particular drug, drugs taken during the past month –  
\_\_\_\_\_

b. Medicare Number: \_\_\_\_\_  
Any additional health benefits: \_\_\_\_\_  
Number of Table: \_\_\_\_\_

**2. Privacy Notice:**

a. The personal information provided on this permission note will be used by the North Cronulla Nippers for general administration and communication and other matters of welfare relating to your child at this event. While the provision of this information is voluntary, it is strongly recommended that all details are completed. Failure to do so, may impede the resolution of welfare issues should you not be able to be contacted. This information will be stored securely.

b. If you have a concern please contact the team management .

**4. Parent's Declaration:**

a. **I certify that the competitor whose details appear on this form will be accompanied by me to the State Titles and the information stated is accurate**

b. **I have read and understand the Code of Conduct for spectators as presented.**

In the event of any accident or illness, I authorise the obtaining, on my behalf, an ambulance and any such medical assistance that my child may require should I not be able to be contacted. I hereby give my permission for the administration of an anaesthetic, if deemed necessary by the medical officer attending. I accept full responsibility for all expenses incurred.

**NAME:** Parent/Guardian - \_\_\_\_\_

**PRIVATE ADDRESS:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**TELEPHONE:** Home - \_\_\_\_\_ Work - \_\_\_\_\_ Mobile: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Parent – print name)

**5. Competitor's Declaration:**

**I have read and understand the Code of Conduct for competitors as presented**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Competitor)