



# BELAIR PRIMARY SCHOOL

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Government of South Australia

Department for Education and  
Child Development

## NETBALL REGISTRATION – SEASON 2020

We would like to hear from all students who would like to play netball for Belair Primary School in the coming 2020 Southern Area Junior Netball Association season (S.A.J.N.A).

This is a volunteer run club and your help is greatly appreciated and is a necessity for our continued success. Parent assistance, as in previous seasons, will be required for coaching, timekeeping and scoring. Please consider how you may be able to help in order to ensure a successful season for your children.

Games are played on a home and away basis either on a Friday afternoon or Saturday morning, dependant on your grade/ team.

Years 6 & 7 – Friday afternoon or Saturday mornings at 9am (based on grade/ team)

Years 4, 5 & 6 – Saturday mornings at 9am (based on grade/ team)

Years 3 & 4 – Saturday mornings at 10.00am (Netta rules) (based on grade/ team)

\*\*\* Grade 2's can play providing they turn 8 by the end of the 2020 season \*\*\*

Training is at the discretion of the individual coaches with all teams commencing training in week 1 of term 2. Training nights are decided by the individual coaches, with input from team members and parents. The training night will be selected based on the most suitable time for all members.

Please complete the form below and the attached medical form and return it to the front office NO LATER THAN Friday 6<sup>th</sup> of March. There can be no exceptions – if you do not return the form by this date you cannot be guaranteed a place on a team.

I cannot stress enough the importance of getting nominations in on time as the complete nominated teams need to be presented to SAJNA.

Once our teams have been nominated SAJNA will not change them.

If you have any queries, please contact the netball co-ordinator:

Kerrie Wooding – 0414 492 442 / [Kerrie.Wooding75@schools.sa.edu.au](mailto:Kerrie.Wooding75@schools.sa.edu.au)

As members of the Belair School Community we pride ourselves on our sportsmanship and community spirit. Therefore, as a reminder, we have attached some important information regarding the expected codes of behaviour at, not only our netball games, but all sporting events. Please ensure that all players and spectators are aware of these standards.

We thank you for your support and look forward to another fantastic season of Netball!!!



Respect

Responsibility

Achievement

Creativity



# AUSTRALIAN SPORTS COUNCIL & SAPSASA CODES OF BEHAVIOUR

## FOR PLAYERS:

- BE A GOOD SPORT
- PLAY FOR ENJOYMENT
- WORK HARD FOR YOUR TEAM AS WELL AS YOURSELF
- TREAT ALL TEAM MATES AND OPPONENTS AS YOU ENJOY BEING TREATED YOURSELF
- PLAY BY THE RULES
- CO-OPERATE WITH TEAM AND GAME OFFICIALS
- CONTROL YOUR BEHAVIOUR ON AND OFF THE FIELD
- LEARN TO VALUE HONEST EFFORT, SKILLED PERFORMANCE AND IMPROVEMENT

## FOR PARENTS:

- ENCOURAGE PARTICIPATION BY YOUR CHILDREN
- PROVIDE A MODEL OF GOOD SPORTING SPIRIT FOR YOUR CHILD
- BE COURTEOUS IN YOUR COMMUNICATION WITH PLAYERS, TEAM OFFICIALS, GAME OFFICIALS AND SPORTS ADMINISTRATORS
- ENCOURAGE HONEST EFFORT, SKILLED PERFORMANCE AND TEAM LOYALTY
- MAKE ANY NEW PARENTS FEEL WELCOME ON ALL OCCASIONS
- DO NOT INTERFERE WITH THE CONDUCT OF ANY EVENTS

## FOR SPECTATORS:

- DEMONSTRATE APPROPRIATE SOCIAL BEHAVIOUR
- REMEMBER THAT CHILDREN PLAY FOR ENJOYMENT. DO NOT LET YOUR BEHAVIOUR DETRACT FROM THEIR ENJOYMENT
- LET GAME OFFICIALS CONDUCT EVENTS WITHOUT INTERFERENCE
- SUPPORT SKILLED PERFORMANCES AND TEAM PLAY WITH GENEROUS APPLAUSE
- DEMONSTRATE RESPECT FOR OPPOSING PLAYERS AND THEIR SUPPORTERS



**NETBALL REGISTRATION 2020 FEES: \$70 for the season (to be paid with registration)**

STUDENTS NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Mobile \_\_\_\_\_

RM: \_\_\_\_\_ TEACHER: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

YEARS PLAYED NETBALL \_\_\_\_\_

Parent/Caregiver name \_\_\_\_\_

Email address \_\_\_\_\_

Assistance you can offer / additional information

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# BELAIR PRIMARY SCHOOL SPORTING CLUBS

## REGISTRATION / MEDICAL / CONSENT FORM

Circle sport being played. One form required for each sport being played.

Basketball	Cricket	Football	Netball	Soccer	Softball
Child's Name				Date of Birth	
School		Year Level		Teacher/Room	
Address					
Post Code					
Email					
Phone Home		Work		Mob	
Emergency Contact				Phone	
Doctor				Phone	
Medicare No.					
Medical Information					

Does your child suffer from:	Yes/No	Special Information/Instructions
Heart Condition		
Respiratory (Asthma)		
Allergies (Stings / Bites)		
Fainting / Dizzy Spells		
Diabetes		
Medic Alert bracelet		
Other		

\* I give permission for my child to be involved in both training and matches for the above sports team.

\* I am responsible for the transport of my child to and from match and practice venues.

\* I accept responsibility for the care of any uniform or equipment loaned to my child and its return, cleaned, at the end of the season.

\* I understand that the coach/manager is authorised to obtain medical assistance for my child if deemed necessary, and I agree to pay any medical, hospital and ambulance expenses incurred.

\* I understand that children participating in and spectators supporting school sports are expected to follow accepted codes of behaviour.

\* I understand that supervision only applies during stated practice times and matches.

\* By signing this registration I acknowledge that my child participates in this sport at his/her own risk.

\* The school highly recommends that players have and use mouthguards.

\* There is no discount for second or subsequent children.

\* Coaches will not be charged a registration fee for one of their children in any one season.

\* Minimum age: Children must be turning eight(8) in forthcoming season.

\* Full payment must accompany the completed registration form at the office.

Parent Name/s	Signature
(please print)	Date

Registration Fee	\$	Cash	Eftpos	Cheque	Credit	or Phone (credit card only)
Internet Banking: Bank SA.		BSB 105-078		ACC. NO. 302145540		
Credit card Payment		Visa		Mastercard		Bankcard

Please note once payment has been processed this form will be retained by the school and shredded.

Name on card	expiry date
Card Number	
Amount	\$
Signature	

Please return this completed form, with the registration fee to the school office, PRIOR to the commencement of the season



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