



INFQ RISING STARS DEVELOPMENT CAMP

January 15th 16th & 17th 2021

8s 10s & 12s – 14 & 16 GIRLS – 14 & 16 MIXED

This form is for all grades 8's, 10's, 12's, 14 and 16 & Under Girls, 14 and 16 & Under Mixed players wishing to nominate for selection of the INFQ RISING STARS 3-DAY DEVELOPMENT CAMP 2021.



WHEN: 15th 16th and 17th January 2021

WHERE: Ipswich Indoor Sports
Ipswich Show Grounds
81 Warwick Road Ipswich



COST: \$200 to be paid to INFQ by **Friday 8th of January 2021**
BSB: 084-961 ACC No: 72-735-7924

(\$50 deposit to be paid within 7 days of being selected to secure your spot)

What do I get for \$200?

Not only will your child receive an INFQ Rising Stars Singlet & Shorts, lunch, and light refreshments, INFQ has arranged for Australian and State Indoor Netball Coaches and players to assist with the activities. The camp is a series of fully structured workshops, including exciting drills, skills, and game time. It is designed for everyone to have fun and learn in more detail about the amazing sport of Indoor Netball.

INFQ RISING STARS FORMAT

8's, 10's AND 12's – 8:00AM TO 12:00PM

LUNCH BREAK 12:00PM TO 1:00PM

14 AND 16 & UNDER MIXED, 14 AND 16 & UNDER GIRLS – 1:00PM TO 5:00PM

It will be the responsibility of each Team Manager to have players/parents sign this form if they wish to nominate. **ALONG WITH THE INFORMATION SHEET** which is to be submitted to the Tournament Director along with the PLAYERS SIGNATURE on the Team Sheet & Parent indemnity form at the Managers Meeting.

By signing this document, you are stating that you have read the above and agree to abide by everything specified in this document.

Players Name:
(Please Print Clearly)

Players Signature:

Parent/Guardian Name:
PARENT/GUARDIAN MUST PRINT & SIGN

Parent/Guardian Signature:

TEAM NAME: _____

GRADE: _____

CENTRE: _____

Date: / / 2020__

(Team Manager) Name: Signature:

Date: / / 2020

PLEASE PRINT CLEARLY



RISING STARS DEVELOPMENT CAMP 2021



PLAYER INFORMATION SHEET

TEAM NAME:	GRADE:
Christian Name:	Surname:
Address:	
Suburb:	Post Code:
DOB:	
Home Phone:	Mobile:
Primary Email:	

Uniform Sizes:

Childs 6-14

Unisex XXS – 4XL

Singlet Size:	Short Size:
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PARENTS INFORMATION – MUST DO

Christian Name:	Surname:
Relationship (Mother / Father / Guardian):	
Mobile:	Work Phone:
Primary Email:	
Alternative Email:	



I.N.F.Q. PARENT INDEMNITY AND RELEASE

Junior State Championships – Rising Stars Development Camp 2021



**ONLY TO BE COMPLETED IF STANDING FOR
INFQ RISING STARS DEVELOPMENT CAMP SELECTION**

Parent/s or Legal Guardian/s of _____ (our/my child).

Who nominated through _____ Indoor Sports Centre.

Team Name _____ Grade _____

We/I, (Legal Guardian's Name/s) _____

(Please print clearly)

Agree to our/my child applying to and being allowed to participate in the Rising Stars 3-day Development Camp. In consideration of the Association allowing our/my child to take part in the Development Camp, we/I acknowledge, agree, and confirm the following:

- (a) That it is the child/player will be covered by the insurer nominated by INFQ.
- (b) This insurance will cover the 3-day Development Camp.
- (c) To the full extent permitted by Law we/I agree both on behalf of our/my child and in our/my own respective rights to absolve, indemnify, release and discharge Indoor Netball Federation of Queensland, its officers, employees, representatives (“Indemnitees”) from any and all liability for any injury, loss or damage to our/my child however caused arising out of our/my child’s participation in the in the training or participation at the Development Camp including without limitation as a result of acts of negligence by the Indemnities.
- (d) Have read the INFQ “Media Policy” – on the INFQ website, front page www.infq.com.au
- (e) Shall permit my child to be photographed for the purpose of team photos and also will allow the authorised photographer to take photos at the national tournament and release all rights to the photos taken, unless advised in writing to the Operations Manager.
- (f) Have read the “Sport Parents Code of Conduct” and agree to abide by it - (page 2)

We/I have read, understood, acknowledge, and agree to all the matters referred to in this statement, including the warning, release, media policy, parent’s agreement, photo policies and indemnity.

CONSENT TO DISCLOSURE

PRIVACY ACT

We/I, _____ as the parent/s or legal guardian/s of the said

_____ (“our child”) hereby agree and consent to the provision of the personal information regarding our/my child as set out in this form to Indoor Netball Federation of Qld Inc for use by it as it sees fit in the course of its administration of INFQ.

One or both Parents/Guardians to sign

(Print Name): _____ (Print Name) _____

Signed: _____ Signed: _____

Date: _____ Date: _____