NOMINATION FORM FOR CONSIDERATION TO ATTEND STATE AND NATIONAL CLUB LEVEL CHAMPIONSHIPS

Player nomination form for consideration to participate at higher level competitions throughout the water polo season.

<table>
<thead>
<tr>
<th>Category</th>
<th>Ages</th>
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<tbody>
<tr>
<td>14&amp;Under</td>
<td>Born 2003 or later</td>
</tr>
<tr>
<td>16&amp;Under</td>
<td>Born 2001 or later</td>
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<tr>
<td>18&amp;Under</td>
<td>Born 1999 or later</td>
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</tbody>
</table>

I / We hereby give permission for my / our Son / Daughter: _______________________________ (insert full Name) DOB ____/____/____ to be nominated for consideration to play at the higher level representing Rockhampton Water Polo Association (or drafted if RWPA is not in a position to nominate a team on their own) at state club championships and / or national club championships (as part of the draft process).

I / We am aware of the increase risks my son / daughter will be exposed to both physically and mentally by playing in a higher age division. I / We am aware that my son / daughter will be required to undertaking private swimming instruction and also attend extra training sessions for water polo as required. I / We are aware that my son / daughter will be required to travel during the season at my own cost. I / We are aware as parents / care givers that we are responsible to organise transport to and from the championships and am required to supervise my son / daughter during the championships.

Parent / Guardian Name: ________________________________

Parent / Guardian Signature: ________________________________ Date: ____/____/____

This form is to be completed and returned to the Registrar – Rockhampton Water Polo Association at the start of the Water Polo season to ensure the selection committee is given as much notice of your child’s intention to be considered for representation selection as possible.
Your Name_____________________
Team currently playing in: ___________________________

Date of Birth: ____________________
Your mobile phone: ___________________________

Parent/s Name/s: __________________________________________________

Home Telephone: ____________
Parent/s mobile: ___________________________

Home e-mail Address: ________________________________________________

Water Polo Playing History:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List extra training you have undertaken to help yourself become a better water polo representative:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Other Relevant History:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please hand this form once completed to your team coach who will give to RWPA Registrar.
*** A brief player profile must be submitted for all nominated players. This form is to be completed by the individual. This completed form along with parent consent form must be returned to the Registrar of Rockhampton Water Polo, either by team coach or individual.

1. Selection Committee
   The selection committee (coaches and members of Rockhampton Water Polo Association) will use the attached criteria sheet for selection of the team. Please make yourself familiar with the characteristics which selectors will be looking for.

2. Criteria
   i. Player must be fully financial and registered with the Rockhampton Water Polo Association and have no outstanding fees to be considered for selection.
   ii. Player must show their interest early in the season for consideration to attend any club state / national championships, based on the calendar of events provided to schools (and players on request.)
   iii. The major criteria for selection shall be the performance of the player during the interschool secondary schools competition throughout each term of the season.
   iv. Areas considered shall include the level of skills shown by the players in the following:
      o Freestyle
      o Breaststroke
      o Backstroke
      o Head up Freestyle
      o Egg beater kick
      o Passing – free and defended
      o Swimming with the ball
      o Shooting
      o the performance of the student as a member of a team
      o the attitude and behaviour of the student on and off the field of competition

The selection committee’s aim is to select the strongest possible team.

Nominated players are available to represent Rockhampton Water Polo Association at State CLUB Championships in their appropriate age group (as listed on the Calendar of Events) in Brisbane. Team members to arrange own travel to championship venue. Managers and coaches will make their own way to venue.

They are subject to the Rockhampton Water Polo Code of Behaviour. Any breach thereof may cause the player to be ineligible for, or withdrawn from the selected team.