



## Australian Football 13-14 years Girls Regional Trial

<b>Trial Date</b>	Wednesday 4 March 2026
<b>Trial Venue</b>	Kenmore Bears JAFC (Akuna Oval) Hepworth St, Kenmore
<b>Lunch</b>	Canteen will be operating
<b>Trial Times</b>	9.00 am – 3.00 pm (8.30 am - arrival)
<b>Convenor</b>	<b>Sharnel Faulds</b> St Ann's Catholic Primary School      Phone: 3432 3400 Email: <a href="mailto:sfaulds@bne.catholic.edu.au">sfaulds@bne.catholic.edu.au</a>
<b>Nomination Process</b>	<p><b>Please note:</b> Students with the necessary skills can only nominate to attend these trials through their school sports coordinator to their relevant district team. Nominations outside of this process will not be accepted.</p> <p><b><u>District nominations are due to the Regional Convenor no later than Wednesday 25 February 2026</u></b></p> <p>Each District is invited to nominate a <b>maximum of 21 girls</b>. After the Regional Convenor has received all the District nominations the Regional Convenor may contact the district official to seek additional students who have the necessary skills to ensure the right trial format.</p>
<b>Eligibility</b>	Students need to be <b>13 or 14 years by 31 December 2026</b> and be currently enrolled in an affiliated Metropolitan West School Sport school.  Prior to trialling, students must hand completed district forms to the convenor, including <ul style="list-style-type: none"><li>▪ parent consent form</li><li>▪ principal approval form</li><li>▪ student details/medical history form</li></ul> <p><b>No Forms = No Participation at the regional trial</b></p>
<b>Playing Uniform and Requirements</b>	All students must wear their <b>district or school sports uniform</b> when competing at these trials. <ul style="list-style-type: none"><li>• <b>Mouthguard (compulsory for all students)</b></li><li>• <b>Form 3 – Mouthguard Consent Form must be completed and handed to the District Manager or Regional Convenor prior to the commencement of the trial.</b></li><li>• Appropriate attire</li><li>• Individual water bottle</li></ul>
<b>Payment</b>	There will be no charge for participation at this regional trial in 2026.
<b>Wet Weather</b>	If you are concerned about weather conditions please check the Metropolitan West School Sport website on the morning of the trial. <a href="http://www.metwestschoolsport.eq.edu.au">www.metwestschoolsport.eq.edu.au</a>
<b>State Championship</b>	Thursday 14 – Sunday 17 May 2026 at Townsville hosted by Northern School Sport.

## Mouthguard consent

### — for Australian Football, Rugby League, Rugby Union, Rugby 7s, Hockey and Water Polo

Student name:						Date of birth:	
Sport in which the above student is participating:							
<input type="checkbox"/> Australian Football	<input type="checkbox"/> Rugby League	<input type="checkbox"/> Rugby Union	<input type="checkbox"/> Rugby 7s	<input type="checkbox"/> Hockey	<input type="checkbox"/> Water Polo		

It is a Department of Education requirement for students wishing to participate in Australian Football, Rugby League, Rugby Union, Rugby 7s, Hockey and Water Polo to wear mouthguards. The Department of Education strongly recommends that students wear custom-fitted mouthguards.

Please refer to the [Sport Medicine Australia—Preventing Dental Injuries in Sport](#) and the [Australian Dental Association Sports Mouthguards recommendations](#) in order to make an informed decision about which mouthguard is most suitable for your child.

If your child is unable to wear a mouthguard for medical reasons, then a **medical certificate or letter signed** by the student's treating doctor is required **prior** to your child participating in this representative school sport event.

If you have any issues regarding purchasing a mouthguard, please contact the Team Manager and/or your school's principal.

To address student safety, if this mouthguard consent form is not completed, signed and returned, your child will be unable to participate in the specific representative school sport event.

## Acknowledgement and signature block

I understand that mouth protection is mandatory in this sport. I have read the information provided to me about mouth protection and accept responsibility for the type of mouth protection the student listed in Section A will wear whilst playing this sport.

I confirm that the student listed in Section A has NO identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

I confirm that the student listed above **has an identified medical condition** that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required **medical certificate/letter from their treating doctor** is attached.

Name of parent/carer/independent student:	
Signature of parent /carer/independent student:	
Date:	