

## **UPDATED** - Rugby 7's 15-16 and 17-18 years Girls Regional Trial

<b>Trial Date</b>	Tuesday 5 March 2024
<b>Trial Venue</b>	Sunnybank Rugby Club 470 McCullough St, Sunnybank
<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>Ben O'Connell</b> West Moreton Anglican College      Phone: 3813 4555 Email: <a href="mailto:boconnell@wmac.com.au">boconnell@wmac.com.au</a>
<b>Nomination Process</b>	<p><b>Please note:</b> Students can only nominate to attend these trials through their school sports coordinator to their relevant district contact for 15-18 years Girls Rugby Union. Nominations outside of this process will not be accepted.</p> <p style="text-align: center;"><b><u>District nominations are due to the Regional Convenor no later than Tuesday 27 February 2024</u></b></p> <p>There are no restrictions to the number of skilled students who can nominate to attend this trial. Schools should only nominate students to the district who have the necessary skills to play at this level.</p>
<b>Eligibility</b>	<p>15-16yrs: Students need to be <b>15 or 16 years by 31 December 2024</b> and be currently enrolled in an affiliated Metropolitan West School Sport school.</p> <p>17-18yrs: Students need to be <b>17 or 18 years by 31 December 2024</b> and be currently enrolled in an affiliated Metropolitan West School Sport school.</p> <p>Prior to trialling, students must hand completed forms to their district coach/manager, including</p> <ul style="list-style-type: none"> <li>• signed mouthguard form</li> <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>	<p>All students must wear their <b>district or school sports uniform</b> when competing at these trials.</p> <ul style="list-style-type: none"> <li>• <b><u>Mouthguard (compulsory for all students)</u></b></li> <li>• <b>Mouthguard form (attached) – must be completed and handed to the District Manager/Convenor prior to the start of the trial</b></li> <li>• Appropriate attire</li> <li>• Individual water bottle</li> </ul>



# Metropolitan West School Sport

*In Pursuit of Sporting Excellence*



<b>Payment</b>	There will be no charge for participation at this regional trial in 2024.
<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 30 May – Sunday 2 June 2024 hosted by Metropolitan North School Sport



**MET WEST**  
**SCHOOL SPORT**

District: \_\_\_\_\_

## Rugby 7s 15-16 Years Girls Player Nominations

No.	Student's Name	Student's School	DOB	Parent/Guardian Email	Parent/Guard Mobile No.
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total number of Aboriginal and/or TSI students: \_\_\_\_\_

Name of Team Official attending: \_\_\_\_\_

Team Official's School: \_\_\_\_\_

Contact Details of Team Official attending - Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return form to [boconnell@wmac.com.au](mailto:boconnell@wmac.com.au) by Tuesday 27 February 2024**

District: \_\_\_\_\_

## Rugby 7s 17-18 Years Girls Player Nominations

No.	Student's Name	Student's School	DOB	Parent/Guardian Email	Parent/Guard Mobile No.
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total number of Aboriginal and/or TSI students: \_\_\_\_\_

Name of Team Official attending: \_\_\_\_\_

Team Official's School: \_\_\_\_\_

Contact Details of Team Official attending - Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return form to [boconnell@wmac.com.au](mailto:boconnell@wmac.com.au) by Tuesday 27 February 2024**

Mouthguard consent – for Australian football, Rugby league, Rugby union, 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"/> 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, 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.

Section G.1: Acknowledgement and signature block	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<b>OR</b>	
<input type="checkbox"/> I confirm that the student listed above <b>has an identified medical condition</b> that may impact on their safety during participation in this sport and therefore <b>cannot wear a mouthguard</b> . The required <b>medical certificate/letter from their treating doctor</b> is attached.	
Name of parent/carer/independent student:	
Signature of parent /carer/independent student:	
Date:	