



Australian Football 15-17 years Boys Regional Trial

Trial Date	Tuesday 17 March 2026
Trial Venue	Kenmore Bears JAFC (Akuna Oval) Hepworth St, Kenmore
Lunch	Canteen will be operating
Trial Times	9.00 am – 3.00 pm (8.30 am - arrival)
Convenor	Sharnel Faulds St Ann's Catholic Primary School Phone: 3432 3400 Email: sfaulds@bne.catholic.edu.au
Nomination Process	<p>Please note: 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><u>District nominations are due to the Regional Convenor no later than</u> <u>Tuesday 10 March 2026</u></p> <p>Each District is invited to nominate a maximum of 23 boys. 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>
Eligibility	Students need to be 15, 16 or 17 years by 31 December 2026 and be currently enrolled in an affiliated Met West School Sport School. Prior to trialling, students must hand completed forms to their district coach/manager, including <ul style="list-style-type: none">▪ parent consent form▪ principal approval form▪ student details/medical history form <p>No Forms = No Participation at the regional trial</p>
Playing Uniform and Requirements	All students must wear their district or school sports uniform when competing at these trials. <ul style="list-style-type: none">• Mouthguard (compulsory for all students) – mouthguard form attached• Appropriate attire• Individual water bottle
Payment	There will be no charge for participation at this regional trial in 2026.
Wet Weather	If you are concerned about weather conditions please check the Met West website on the morning of the trial. www.metwestschoolsport.eq.edu.au
State Championship	Thursday 18 – Sunday 21 June 2026 at Brendale hosted by Metropolitan North 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:	