

13-19 years Girls Hockey Regional Trials

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| Trial Date | Wednesday 27 March 2019 |
| Venue | Ipswich Hockey Association Grounds Briggs Rd Raceview |
| Times | 9.00 am – 3.00 pm (8.30 am - arrival) |
| Nomination Process | 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. |
| Eligibility | Students need to be 13, 14, 15, 16, 17, 18 or 19 years by 31 December 2019 and be currently enrolled in an affiliated Met West School Sport School. Prior to trialling, students must hand completed district forms to the convenor, including <ul style="list-style-type: none"> ▪ parent consent form ▪ principal approval form ▪ student details/medical history form <p>No Forms + No Payment = No Participation at the regional trial</p> |
| Playing Uniform | All students must wear their district or school sports uniform when competing at these trials. |
| Compulsory Student Regional Trial Levy | Metropolitan West School Sport Regional Trial Levy is \$20.00 per student. Please refer to your district paperwork as to how your district collects the regional trial levy from participants. No money will be collected by the Regional Convenor at the Regional Trial. Metropolitan West School Sport will invoice the District Treasurer's school for the total monies collected for the District Team after the Regional Trial. |
| Requirements | <u>Mouthguard (compulsory for all students)</u> <u>No mouthguard = No participation</u> Appropriate attire Individual water bottle |
| Lunch | Canteen will be operating. |
| Convenor | Tracey Doyle Redbank Plains SHS Phone: 3432 1222 Email: tdoyl55@eq.edu.au |
| State Championship | 13-16 June at Cairns hosted by Peninsula Region. |

Please note: students can only nominate to attend these trials through their school sports coordinator to their relevant district contact for 13-19yrs Hockey. Nominations outside of this process will not be accepted.

District: _____

Girls Player nominations

| No. | Student's Name | Student's School | Student's DOB |
|-----|----------------|------------------|---------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
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| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |

Name of Team Official attending: _____

Team Official's School: _____

Contact Details of Team Official attending: _____

Please return form to tdoyl55@eq.edu.au by **Friday 22 March 2019**