

BUNDABERG 11-12 YEARS **SCHOOLGIRLS' RUGBY LEAGUE**

ATTENTION: Principals/Deputies/Rugby
League Coaches/P.E. Teachers/Sports Co-ordinators

2023 Trials for Bundaberg 11-12 Years School Girls' Only Representative Rugby League Team

Please photocopy this invitation for students who may wish to trial for our 2023 Bundaberg District Schools' Under 12 Representative Girls' only rugby league team (17 players selected).

Venue: Salter Oval

Trial Dates: (TERM 3 only) Tuesday 11 July, Thursday 13 July
(both Week 1); Tuesday 18 July, Thursday 20 July (both Week
2).

Times: 3.30 pm – 5.15 pm

Ages: Girls born 2011 (12 yr olds) and 2012 (11 yr olds) only. (NO
10/13 year old students, or turning 10/13 years old, will be
permitted to attend).

All players need to bring a water bottle and wear suitable training/playing gear. All
participants **MUST** wear a mouthguard-**NO EXCEPTIONS**. It is recommended that other
protective equipment (eg. head gear, shoulder pads, etc) be worn. Players can wear either
football boots or sports shoes. If you can't make it to the Bundy trials on any particular day (i.e.
due to other school or representative sport), please turn up on the day(s) you are available.

Training Dates (if you make the Bundy team): Tuesday
25 July, Thursday 27 July, Tuesday 1 August, Thursday 3
August: 3.30pm – 5.15pm on each day, at St Mary's PS.

Wide Bay Trials Venue: Gympie; Dates: Saturday 5 & Sunday 6
August, 2023.

A WIDE BAY 12 YRS AND UNDER GIRLS RL TEAM (of 17 players) WILL BE
SELECTED FROM THESE WIDE BAY TRIALS IN GYMPIE TO
PARTICIPATE AT THE STATE CARNIVAL IN TOWNSVILLE ON
THE 14-17 SEPTEMBER, 2023.

Teachers sending prospective players to Bundy trials, please ensure students bring a
completed BSSA nomination/medical form and mouthguard form – NO FORMS, NO
PLAY.

Please forward any queries to Jason Shears (Woongarra SS-0437534427-M)

Bundaberg 10-12 Years Schools' Sports Trials

Nomination Form

Please complete this form and present to the coach/manager at the trials

STUDENT NAME: _____

DATE OF BIRTH: _____

SPORT: **GIRLS 11/12 YEARS RUGBY LEAGUE**

TRIAL DATES/TIMES: Tuesday 11 July, Thursday 13 July, Tuesday 18 July, Thursday 20 July, 2023; 3.30pm-5.15pm.

WHERE: Salter Oval (back ovals)

SCHOOL: _____ SCHOOL PHONE: _____

NOMINATED BY (Teacher's Name): _____

SIGNATURE: _____

PARENT'S/CARER'S NAME (Printed): _____

HOME ADDRESS: _____

PHONE NUMBER: _____ Relation to Student: _____

EMERGENCY CONTACTS:

1. _____ Relation to Student: _____ PHONE: _____

2. _____ Relation to Student: _____ PHONE: _____

- I acknowledge that the Bundaberg School Sport (as operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for the students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.

ANY RELEVANT MEDICAL HISTORY: _____

PREFERRED POSITION/S FOR SELECTION: (Front Row, Second Row, Centre, Wing, 5/8, Fullback, etc.)

STUDENT'S SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____



MOUTHGUARD CONSENT FORM

The Department of Education Curriculum Activity Risk Assessment (CARA) guidelines mandate that **mouthguards are compulsory** for students wishing to participate in a school sport event for the sports listed below.

- Australian Football (AFL)
- Hockey
- Rugby League
- Water Polo
- Rugby Union

The Department of Education strongly recommends that students wear custom-fitted mouthguards. Parents / Carers are requested to refer to the Australian Dental Association website below in order to make an informed choice about the different types of available mouthguards.

<https://www.ada.org.au/Your-Dental-Health/Teens-12-17/Mouthguards>

If a student is unable to wear a mouthguard for medical reasons, then a signed medical clearance certificate is required prior to participating in the event.

Please complete the parent / carer consent permission section below and return this form to the relevant team official, along with all other required paperwork, **prior** to the event.

Failure to comply with this permission process will mean that the student will be unable to participate at the specific school sport event.

STUDENT DETAILS

Student's Name	
Date of Birth	
School	

Parent / Carer Consent and Medical Declaration

I, _____ (name of parent) 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 I/my child will wear whilst playing this sport.

I confirm that the above mentioned student:

Please tick one of the boxes below

- ☐ has **NO** identified medical condition/s that may impact on their safety by wearing a mouthguard during participation in this sport.

OR

- ☐ has an identified medical condition/s that may impact on their safety during participation in this sport and therefore **cannot wear a mouthguard**. The required medical clearance certificate is attached.

Signature of Parent: _____

Date: _____