

# **BUNDABERG 10-12 YEARS** **SCHOOLS' REP RUGBY LEAGUE**

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

## **2024 Trials for Bundaberg 10-12 Years Schoolboys' Representative Rugby League Teams**

**Felise Kaufusi (Melbourne Storm/Dolphins), Patty Kaufusi (Cowboys/Storm/Dragons), Ben Marschke (Roosters) & Kyle & Zac Laybutt (NQ Cowboys) & other QLD/NSW Cup players all made their first ever Rep RL teams through this program!!!**

Please photocopy this invitation for students who wish to trial for our 2024 Bundaberg Schoolboy Representative RL teams. You can play both club and schoolboy rugby league if you choose to but you can **only** make Bundy rep (U10,11,12 yrs), and Wide Bay and Queensland rep teams in the 11/12 age group through schoolboy rugby league.

**Venue:** Waves Sporting Complex (Thabeban Road). **PLEASE PARK AT WESTERN END OF COMPLEX!!!**

**Dates:** Monday 11 March, Monday 18 March, Monday 25 March, 2024.

**Times:** 3.30 pm – 5.30 pm

**Ages:** 10 yrs (born 2014), 11 yrs (born 2013), 12 yrs (born 2012).  
Exceptional 9 year olds born 2015 may trial for the U10 years team.

### **ALL PLAYERS MUST WEAR A MOUTHGUARD AT BUNDY TRIALS/GAMES - NO EXCEPTIONS!!!**

-All players to bring a water bottle, footy boots and training gear. If selected for Bundy, games will be held against: Rockhampton (all in Bundaberg in Term 2). Wide Bay Trials for u11s & u12s only, in Term 2. If you can't make it to the Bundy trials on any particular day (i.e. due to other rep sport) please turn up on the day(s) you are available.  
-If selected for Wide Bay U11s, State Championships are in Stanthorpe.  
-If selected for Wide Bay U12s, the Queensland team trials are at the Gold Coast.  
-There will be one (1) Queensland U12 team selected this year to attend SSA National u12 rugby league Championships in Canberra.  
-Teachers sending prospective players, please ensure they bring a teacher signed BDSSA nomination/medical form, a mouthguard form and players are of a standard to be considered to make a representative team. **NO TEACHER SIGNED FORM MEANS NOT ALLOWED TO TRIAL**

Please forward any queries to Jason Shears (Secretary B 10-12 Yrs SRL), - Ph 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: **RUGBY LEAGUE** (Under 10 Team or Under 11 Team or Under 12 Team)

TRIAL DATES/TIMES: Monday 11 March, Monday 18 March, Monday 25 March, 2023; 3.30pm-5.30pm.

WHERE: The Waves Sports Complex (20 Thabeban Street, Bundaberg)

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: \_\_\_\_\_