

BUNDABERG U-12 SCHOOL SPORT

AFL 2025 – Boys and Girls

ATTENTION: Principals, PE Teachers and Teachers in charge of Sport

Nominations are being called from all schools in the Bundaberg Zone region, for any interested students (boys and girls) to attend the 2025 AFL Trials.

Please note: These are trials now to select both boys & girl's teams to attend the Wide Bay trials in Gympie so please send both boys and girls along. **If you have any of the students at your school from the list below can you please send them along to these trials as a matter of importance! Some may be now in Year 7.**

SPORT -	AFL – Boys and Girls
TRIAL DATES -	Monday February 17 & Monday February 24
TIME -	3:45pm – 5:15 pm
WHERE -	ATW AFL Grounds, Claytons Road (next to the softball fields)
ELIGIBILITY -	Students born 2013 or 2014 (only exceptional 2015 - 10-year-olds should attend)
WHAT TO BRING -	A completed Zone Nomination Form, appropriate sports uniform, water bottle, hat, sunscreen and mouthguard (no contact will be allowed without one)

Teachers: **Please send any interested boys and girls along.**

NOMINATIONS - Please ensure all participants bring along a completed Zone Nomination Form to the trials. Any queries please contact me below:

Mark Pelusi – Bundaberg Zone AFL Manager (Boys & Girls)

Alloway SS - 4159 7352 or 0401256718

E-mail - mpelu1@eq.edu.au

B.P.S.S.

**BUNDABERG 12 YEARS AND UNDER SCHOOLS' SPORTS
TRIALS**

SPORT: AFL – BOYS & GIRLS (2025)

***PLEASE COMPLETE THIS FORM AND PRESENT TO THE COACH/MANAGER AT THE
TRIALS***

WHEN: **Monday 17th February & Monday 24th February (Weeks 4 & 5)**

WHERE: **ATW AFL Grounds, Claytons Road (3:45 – 5:15pm)**

NAME: _____

SCHOOL: _____

SCHOOL PHONE: _____

NOMINATED BY (Teacher's Name):

SIGNATURE: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT/S:

1. _____

PHONE: _____

2. _____

PHONE: _____

DATE OF BIRTH: _____

ANY RELEVANT MEDICAL HISTORY: _____

PREFERRED POSITION/S FOR SELECTION: (eg. Centre half forward, Ruck Rover etc.)

- I acknowledge that the Bundaberg 12 Years and Under School Sport (as an operational unit of the Queensland Government, Department of Education and Training) does not have personal accident insurance cover for students and as such, will not accept financial liability for any Medical, Hospital or Dental expenses if they should arise.

YOUR SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____



MOUTHGUARD CONSENT FORM - REGIONAL TRIAL -

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

Failure to comply with this permission process will mean that the student will be unable to participate at the specific representative 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: _____