



Nomination Form for Northern Eagles District Trials including paper nominations

- Before completing the nomination, please refer to the 2026 age groupings to ensure you are the correct age and are available to attend all trial dates.
- Nominations are not automatically accepted, and students need to be of the appropriate standard and able to abide by the Metropolitan West School Sport Codes of Conduct before nominations will be made. Standard may be determined by previous experience and/or a school-based trial.
- Nominations can only be made through the Sport and CCA Coordinator. Please contact the Life Sciences Department if you have any questions regarding Northern Eagles Sport.
- Parents/guardians/students are not to contact the Northern Eagles Secretary directly.

2026 Age Groupings	
Birth Year	2026 Age
2016	10
2015	11
2014	12
2013	13
2012	14
2011	15
2010	16
2009	17
2008	18
2007	19

Sport	
District Trial Date	

EQ ID	Student's Name	DOB	Parent/Guardian Email	Parent/Guardian Mobile	Preferred Position/s
Experience					

To nominate, please complete the following:

1. Complete the *2026 Northern Eagles Nomination Form* (this document)
2. Complete the **2026 Student Permissions Booklet**

3. Email both of these documents to DistrictSport@qasmt.eq.edu.au by the time identified in the trial notice.

If your nomination is accepted, you will receive an email notifying you to collect your signed principal approval form from L block staffroom. You cannot attend the trial if you do not receive this confirmation email.

PRINCIPAL APPROVAL FORM

DEPARTMENT OF EDUCATION AND TRAINING

Queensland School Sport



I hereby certify that _____ who has been invited to trial at the **Northern Eagles District** _____ to be held on _____, is enrolled as a student at this school. I further declare that the school has confidence that the student can abide by the Metropolitan West School Sport Codes of Conduct (attached), and I have no hesitation in recommending the student as one who merits selection in the team.

I understand that the Team Coach/Manager and Event Coordinator will complete risk assessments prior to this event.

I hereby consent to the student's participation in the team.

Student Date of Birth:

| _____

Principal's Signature:

Date:

| _____

School:

| QASMT

Please return to-

**Selected Student
who will return form to the
Team Manager**

School Stamp