

**NORTH WEST SCHOOL SPORT**

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**NWSS APPLICATION FOR EXEMPTION – District Trial**

Applications close on the day prior to the commencement of the competition: \_\_\_\_/ \_\_\_\_/ \_\_\_\_. District Committees reserve the right to refuse late applications.

If you are unable to participate in the trial/competition and want to be considered for selection, you must provide the District Committee with documentation, for example a medical certificate if you are sick or injured or documentation validating your reason that prevents you from participating.

Forward your completed application to the District Trial Convenor & District Chair by the day before the competition. This form must be presented at the Pre-Event Meeting of the District Trials. Contact details can be provided by the student’s school Principal.

Title of Competition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Competition: from \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ Competition Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Given name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENTS’S DECLARATION:** I am aware that –

1. This District trial is held once only, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Each application is decided individually. Acceptance on this application is not automatic & if accepted only entitles my

child to be CONSIDERD for selection in the District Team.

3. By signing this I give permission for NWRSS Staff to contact me, my parents / guardians, staff at my school or club

sport personnel to clarify information about my application.

4. My School Principal endorses my application.

**Principal’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_.**

5. My child has been selected in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Team to compete at this District trial.

**Parent / Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_.**

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_been selected in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Team to compete at this NW Regional trial

**School Team Official’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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| **GROUNDS FOR ABSENCE:** | **DOCUMENTATION TO BE ATTACHED:**  (Note: Documentation must cover the day/s of the trial/competition) |
| 1. Medical condition on the day/s of competition | 1. Medical certificate to include the date when full participation can resume |
| 1. Absence due to competing at a higher level of competition (State/National/International) in the same sport and same discipline   Name of Competition: | ## COVID – You will be required to produce evidence of results (positive or negative) in order to confirm selection. In the event you are awaiting results your student may be considered for team selection. Scanned copy or photograph of Q Health email or SMS Response is to be submitted. |
| 1. Absence due to competing in a NWSS (Regional), QSS (State Team) or SSA (National Team) in a different sport   Name of Team:   1. Bereavement /Compassionate reasons | 1. In case of bereavement/compassionate reasons, a letter from the school Principal to support absence |