

Student Name

School

METROPOLITAN EAST SCHOOL SPORT



Female

Male

ABSENT COMPETITOR for CONSIDERATION APPLICATION

Students who are unable to compete at a Metropolitan East Regional Trial due to injury, illness, bereavement or absence due to a competition of a higher level must complete this form for consideration for selection in the Metropolitan East Regional Team.

It is important to note that by submitting this form the student may be considered for selection, but does not guarantee selection in the Regional Team.

Gender

Date of Birth

Sport				Age Division	
Parent/Carer Name					
Parent/Carer Mobile				Parent/Carer email	
Parent/Carer Mobile				Parent/Carer email	
This form, together with all necessary supporting information outlined below, must be received by the Regional Convenor prior to the commencement of the Regional Trial . If injury or illness occurs on the day and special consideration is required the absent competitor form must be received by the Metropolitan East School Sport Office by COB of the day following the trial along with supporting documentation.					
Reason for Absence from the Regional Trials					
	1.	Absence due to participating in a higher level sporting event at the time of the Regional Trial (eg State, National or International level) [supporting documentation must be attached verifying participation at a higher level]			
	2.	Absence due to Medical reasons (illness or injury) [A medical certificate which identifies the illness or injury together with an anticipated recovery / clearance date]			
	3.	Bereavement or Compassionate reasons [A letter from the School Principal to support absence]			
	4.	Change of Date [If the Regional Trial date has been changed due to unforeseen circumstances Eg. Adverse weather conditions etc.]			
By signing this form, District Team Manager / Official has verified that the above student has been selected for the District through the District selection process.					
Signed	l – Pa	rent/Guardia	an Signed – District C	Official S	Signed – Sport Coordinator
Date			 Date		Date

Note: Where possible please attach a brief resume.