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.

ABSENT COMPETITOR APPLICATION

# **METROPOLITAN EAST SCHOOL SPORT**



**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.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Gender | Male / Female |
| School |  | Date of Birth |  |
| Sport |  | Age Division |  |
| Parent/Carer Name |  | Mobile No. |  |
| 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 in that sport 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 representation with a QSS Regional / State Team in a different sport at the same time of the Regional Trial

*[Supporting documentation must be attached verifying participation at a higher level]*

1. Absence due to Medical reasons (illness or injury or COVID)

*[A medical certificate which identifies the illness or injury together with an anticipated recovery / clearance date]*

1. Bereavement or Compassionate reasons

*[A letter from the School Principal to support absence]*

1. Change of Date

*[If the Regional Trial date has been changed due to unforeseen circumstances [Eg. Wet Weather / Health Advice]*

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 – Parent/Guardian Signed – District Official Signed – Sport Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date Date

***Note: Where possible please add a brief resume.***