

ABSENTEE APPLICATION FOR EXEMPTION FROM SUNSHINE COAST TRACK & FIELD TRIAL

OFFICE USE ONLY							
RECEIVED:							
APPROVED:							
NOTIFIED:							
FILED:							

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IMPORTANT INFORMATION:

To apply for an exemption from track and field at the current regional track and field trial:

- You must meet a condition in the "Grounds for absence" section
- You must be nominated by your district via their team nomination process
- You must have participated in at least one of the following events:
 - > school track and field carnival conducted in the current year, or
 - > district track and field trial conducted in the current year
- You must have attained the current Queensland Representative School Sport state qualifying standards at:
 - your school track and field carnival conducted in the current year, or
 - district track and field trial conducted in the current year, or
 - > at an approved/registered track and field event conducted in the current year. Note: You must provide an official result print-out to verify your result/performance.
- An approved exemption will be considered by regional team selectors using the following information:
 - results attained at district track and field trial in the current year will be considered first
 - > results attained at school track and field carnival conducted in the current year will be considered second
 - > results recorded on a submitted print-out from an approved/registered track and field event conducted in the current year will be considered third
- If an athlete competes at the regional track and field trial, only results achieved at this regional track and field trial will be accepted. Any previous result will not be accepted or considered for this application.

PROCESS:

- This form must be received at the Sunshine Coast regional school sport office no later than 24 hours prior to the commencement of the regional trial. Our office reserves the right to refuse and not accept late absentee applications.
- 2) This form and any supporting documentation must be signed off by your school principal or authorised school delegate. This form and all supporting documents must be emailed to our regional school sport office (sport.scrssb@qed.qld.gov.au).
- 3) All applications must have a current working family email address written on this form. Our office will use this email address to:
 - a) acknowledge receipt of this Absentee application
 - b) advise if your application has been approved and any conditions imposed in regards to this absentee application
- 4) **Important!** An approved absentee application does not automatically guarantee you will be invited to join the regional track and field team to compete at the upcoming QRSS track and field state championship.

PLEASE COMPLETE PAGE 2 OF THIS FORM

ABSENTEE APPLICATION FOR EXEMPTION

APPLICANT DETAILS										
FIRST NAME:	FIRST NAME:			LAST NAME:						
GENDER	GENDER			DOB:						
MOBILE PHONE:			FAMILY EMAIL:							
NOMINATED TRACK AND FIELD EVENTS - You must have been nominated in these events by your district.										
EVENT AGE GI		GE GROUP	RESULT DATE RESULT		ILT EVID	EVIDENCE ATTACHED				
						O YI	ES	O NO		
						O YI	ES	O NO		
						O YI	ES	O NO		
						O YI	ES	O NO		
						O YI	ES	O NO		
						O YI	ES	O NO		
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						O YI	ES	O NO		
Medical condition on the day(s) of the trial COVID 19 / variant / close contact Inclusive companies Absence due to a compulsory school activity Absence due to competing at a higher level of competition (state/national/international) in the same sport and same discipline Absence due to competing with another Sunshine Coast region team or QSS state team in a different sport Bereavement or compassionate reasons Inclusive team the emplea			nclude currer are unfit to participation of the par							
By signing this form, I give permission for regional school sport office staff to contact me, my parents, carers, guardians or staff at my school. Authorised school delegate										
APPLICANT SIGNATURI	≣ :			SCHOOL	NAME:					
DATE:				DELEGATE	NAME:					
CARER NAME:					EMAIL:					
CARER EMAIL:				MOBILE F	PHONE:					
CARER SIGNATURE:				SIGNA	ATURE:					
DATE:					DATE:					