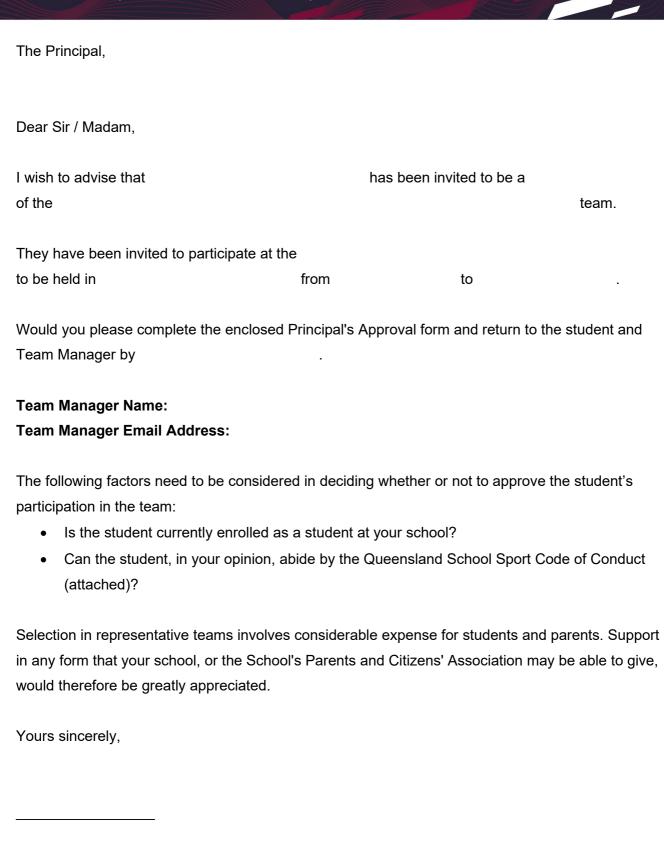
## **Queensland Representative School Sport**





## Queensland Representative School Sport

STUDENT DETAILS		
Student Name		
Student Date of Birth		
CHAMPIONSHIP / EVENT DETAILS		
Team Name		
Championship / Event Name		
Championship / Event Venue		
Championship / Event Dates		
		<u>'</u>
PRINCIPAL APPROVAL		
As Principal, I can confirm:		☐ that the above listed student, is currently enrolled as a student at this school.
		☐ Enrolment records at our school confirm the student's date of birth is as indicated above.
		☐ I am satisfied that the student can abide by the Queensland Representative School Sport Code of Conduct.
I approve the student's		□ Yes
participation in the team		□ No
Principal's signature:		

Please return via email to:

Team Manager:

Team Manager Email Address:

