

Applications close prior to the commencement of the event: _____.
Queensland Representative School Sport (QRSS) / Regional School Sport reserve the right to refuse late applications.

If the student is unable to participate in the event and wants to be considered for selection, documented validation of the reason preventing participation must be provided as indicated below.

Forward the completed application to your Regional School Sport Officer through your Team Manager prior to the event. For State Championship events this application must be presented to the QRSS Sport Committee Chair or delegate by the Regional Team Manager at the pre-championship meeting if possible or in the case of COVID related absence prior to the commencement of the first game.

QRSS Record Management

Date received: _____

RSSO / QRSS

Committee

Executive

Approved:

YES

NO

Student

Notified:

YES

NO

Title of Event (Regional / State): _____

Dates of Event: From _____ to _____ Venue: _____

Surname: _____ Given name(s): _____ M F DOB _____

School attended: _____

School contact: _____ School Phone: _____

F95 GCB FOR ABSENCE:

1. Medical condition on the days of competition
2. Absence due to competing at a higher level event in the same sport and same discipline

Name of event: _____

3. Absence due to competing with another QRSS (State Team) or SSA (National team) in a different sport.

Name of team: _____

4. Bereavement or Compassionate reasons.
5. COVID-19:
 - Has tested positive to COVID-19 and is in isolation
 - Is exhibiting COVID-19 like symptoms and is isolating pending a COVID-19 test
 - Is a close contact of someone with a COVID positive test.

DOCUMENTATION ATTACHED:

(Note: Documentation must cover the days of the competition)

Reason 1: Medical certificate to include the date when full participation can resume.

Reason 2: A verification letter from the State Sporting Organisation (including contact details).

Reason 3: Verification by the QRSS Unit.

Reason 4: In case of bereavement / compassionate reasons, a letter from the school Principal to support absence.

Reason 5: Complete COVID-19 Declaration (Below).

I declare that my child is unable to attend the trial due to a COVID-19 related absence:

Please select:

- Positive to COVID-19**
- COVID-19-like symptoms**
- Close contact with a COVID-19 positive person**

Parent / Guardian signature: _____ **Date:** _____



PARENT'S DECLARATION:

I am aware that:

1. Each application is decided individually. Acceptance of this application is not automatic and if accepted only entitles my child to be CONSIDERED for selection in the Regional / State team.
2. By signing this I give permission for QRSS / Regional staff to contact me, staff at my school or state sporting body to clarify information about my application.
3. My school Principal endorses my application.

Principal's Signature: _____ **Date:** _____

4. My child has been selected in the District / Regional Team to compete at this regional / state competition.

Regional School Sport Officer's signature: _____ **Date:** _____

Student's signature: _____ **Date:** _____

Parent / Guardian's signature: _____ **Date:** _____

Contact email: _____ **Mobile number:** _____

MEDICAL CERTIFICATE (either attach a signed and stamped medical certificate OR complete the below)

The following to be completed by a registered medical practitioner (please print)

Please stamp OR print your name, degrees / special qualifications, address of practice and provider number.

I certify that I saw and examined First Name: _____ Surname _____ on _____ and am of the opinion that this person is / was suffering from a recognised medial condition that is preventing this person from participating in the QRSS / Regional Competition held on _____ and he / she can resume participation from _____

Signature: _____

