



PENINSULA
SCHOOL SPORT

ABSENTEE APPLICATION FOR EXEMPTION FROM QSS REGION COMPETITION

Applications close on the day prior to the commencement of the competition: ___ / ___ / ___

Peninsula School Sport (PSS) reserves the right to refuse late applications.

If you are unable to participate in the competition and want to be considered for selection, you must provide PSS with documentation, for example a medical certificate if you are sick or injured or documentation validating your reason that prevents you from participating.

Forward your completed application to your Regional School Sport Officer prior to the day before the competition.

Contact details can be obtained on the PSS website: <http://www.pensport.eq.edu.au/>

PSS Record Management

Date received: ___ / ___ / ___

Approved: **YES / NO**

Student
Notified: ___ / ___ / ___

Filed: ___ / ___ / ___

Title of Competition: _____

Dates of Competition: from ___ / ___ / ___ to ___ / ___ / ___ Competition Venue: _____

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

School attended: _____ School contact: _____

School postal address: _____ School Phone: () _____

GROUND'S FOR ABSENCE:

1. Medical condition on the days of competition
2. Absence due to competing at a higher level of competition (State/ National / International) in the same sport and same discipline
Name of Competition: _____
3. Absence due to competing with another PSS (Peninsula Team), QSS (State Team) or SSA (National Team) in a different sport
Name of Team: _____
4. Bereavement or Compassionate reasons

DOCUMENTATION ATTACHED:

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

1. Medical certificate to include the date when full participation can resume
2. In case of bereavement / compassionate reasons, a letter from the school Principal or parent to support absence

STUDENT'S DECLARATION: I am aware that –

1. This PSS competition is held once only, on _____

2. I should not assume that my application will automatically be granted as each application is decided individually.

3. By signing this I give permission for PSS Staff to contact me, my parents / guardians, staff at my school or state sporting body to clarify information about my application.

4. My school Principal endorses my application. Principal's Signature: _____

Date: ___ / ___ / ___.

5. I have been selected in the _____ District Team to compete at this regional competition.

Regional School Sport Officer's signature: _____

Date: ___ / ___ / ___ .

Student's signature: _____ Date: ___ / ___ / ___ .

Parent / Guardian's signature: _____ Date: ___ / ___ / ___ .

MEDICAL CERTIFICATE (PREFERRED FORMAT)

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 medical condition that is preventing this person from participating in the

PSS Competition held on ___ / ___ / ___ and he / she can resume participation from ___ / ___ / ___ Signature: _____