

# TABLELANDS 10-19 YEARS

# DISTRICT SCHOOL SPORT

## 2022 ABSENTEE APPLICATION FOR EXEMPTION FROM

## QSS DISTRICT COMPETITION

Applications close 48hours prior to the commencement of the competition: \_\_\_ / \_\_\_ / \_\_\_

Tablelands 10-19Yrs School Sport Group (TSS) 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 TSS 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 Kerry Manders (Chair Tablelands 10-19Yrs School Sport Group) 48hours prior to the competition day. Email: [kmanders@cns.catholic.edu.au](mailto:kmanders@cns.catholic.edu.au)

Title of Competition: \_\_\_\_\_

Date of Competition: \_\_\_ / \_\_\_ / \_\_\_ Competition Venue: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Male / Female

School attended: \_\_\_\_\_ School Contact: \_\_\_\_\_

<b>TSS Record Management</b>	
Date received: ___ / ___ / ___	
Approved: <b>YES / NO</b>	
Student	
Notified: ___ / ___ / ___	
Filed: ___ / ___ / ___	

**GROUNDINGS FOR ABSENCE:**

1. Medical condition on the day of competition
2. Absence due to competing at a higher level of competition (Region / State / National / International) in the same sport and same discipline  
Name of Competition: \_\_\_\_\_
3. Absence due to competing with another TSS (Tableland Team), 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
3. Other Evidence (eg times recorded at school Carnival):  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S DECLARATION:** I am aware that –

1. This TSS 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 TSS 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: \_\_\_ / \_\_\_ / \_\_\_.

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.	
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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: \_\_\_\_\_