# CROSS COUNTRY APPLICATION FOR EXEMPTION – SUNSHINE COAST SCHOOL SPORT TRIAL



### Instructions

This form must be completed in full to apply for an exemption from competing at our regional trial. The application must meet an approved criteria as listed in the "Grounds for Absence" section to be considered for selection in a regional team competing at a Queensland Representative School Sport (QRSS) State Championship.

Office Use Only	
Received:	
Approved:	
Notified:	
Filed:	

This form must be received at the Sunshine Coast School Sport office no later than 24 hours prior to the commencement of the regional trial. Our office reserves the right to refuse late applications.

This form and required supporting documentation must be signed off by your school principal or authorised school delegate and emailed to sport.scrssb@qed.qld.gov.au.

# Additional information

Requests for exemption must be accompanied by an email address that can be used to acknowledge receipt of the absentee application form and whether the application has been successful or not successful.

Please note that a successful application for exemption from participating in a regional trial does not automatically guarantee selection in our regional team that will compete at the QRSS State Championship.

If you are unable to participate in the regional trial and want to be considered for selection (and to be invited to join our regional team), you must provide supporting documentation (e.g. medical certificate) at the same time with this completed application.

# Cross country exemption application conditions

- 1) You must already be selected in a district cross country team.
- 2) You must have a cross country qualifying result from one of the following:
  - a) District cross country trial event in the current year.
  - b) School cross country event in the current year.
  - c) A result from an approved cross country event you have competed in within the last 6 months.
- 3) An approved exemption application will be considered by our team selector panel in the following order of priority:
  - a) Your qualifying result achieved at your district cross country trial event in the current year (and your written history of cross-country performances) first.
  - b) Your qualifying result achieved at your school cross country event in the current year (and your written history of cross-country performances) second
  - c) Your qualifying result from an approved cross country event you have competed in withing the last six months 9and your written history of cross-country performances) third.
- 4) If you choose to run at our cross country trial then the result you achieve will be used for selection purposes. Any exemption that is in place will be null and void.

Please type or clearly print in all fields on page 2 of this form.

# **Sunshine Coast School Sport Cross Country exemption application form**

FIRST NAME:  GENDER  MOBILE PHONE:  DOB:  FAMILY EMAIL:  You must have been nominated to compete in the regional cross-country trial by your district.  Grounds for absence  Include current, valid medical certificate from health professional that states you are unfit to participate; the duration you are unfit to participate; the duration you are unfit to participate (start date and end date); and the date when full participation can resume.  Include a letter on official school letterhead signed by your school principal stating your name; the activity; the duration of the activity (start date and end date); and that you are required to attend the activity; the duration of the activity (start date and end date); and that you are required to attend the activity. Include documentation from the event organisers that states that you are selected in the team (your name is to appear in the documentation), the event name and dates of competition.  Absence due to religious and/or cultural responsibilities  Absence due to religious and/or cultural responsibilities  Bereavement or compassionate reasons  Include a letter on official school letterhead signed by your school principal to support the absence.  Include a letter on official school letterhead signed by your school principal to support the absence.  Include a letter on school letterhead signed by your school principal to support the bereavement or compassionate grounds.  By signing this form, I give permission for RSS staff to contact me, my parents/guardians or staff at my school.  Applicant Signature  Date  Delegate name  Email  Mobile Phone  Signature  Date	Applicant details		
Medical condition on the day(s) of the trial  Medical condition on the day(s) of the trial  Absence due to an authorised school activity  Absence due to competing in a QRSS event or another sport event of the same or higher level  Absence due to religious and/or cultural responsibilities  Absence due to religious and/or cultural responsibilities  Bereavement or compassionate reasons  By signing this form, I give permission for RSS staff to contact me, my parents/guardians or staff at my School.  Applicant Signature  Include current, valid medical certificate from health professional that states you are unfit to participate; the duration pour are infit to participate; the duration you are unfit to participate; the duration participate;	GENDER	DOB:	
Medical condition on the day(s) of the trial  Present Email  Mobile Phone  Medical condition on the day(s) of the trial  Prenett Email  Parentt Signature  Massence due to an authorised school activity  Medical condition on the day(s) of the trial  Present Signature  Parent Signature  Par			
Absence due to an authorised school activity  Absence due to an authorised school activity  Absence due to competing in a QRSS O event or another sport event of the same or higher level  Absence due to religious and/or cultural responsibilities  Activity (start date and end date); and that you are required to attend the activity.  Include documentation from the event organisers that states that you are selected in the team (your name is to appear in the documentation from the event organisers that states that you are selected in the team (your name is to appear in the documentation, the event name and dates of competition.  Application appear in the documentation from the event organisers that states that you are selected in the team (your name is to appear in the documentation from the event organisers that states that you are selected in the team (your name is to appear in the documentation from the event organisers that states that you are selected in the team (your	Medical condition on the day(s) of the trial	professional that states you are unfit to participate; the reason you are unfit to participate; the duration you are unfit to participate (start date and end date); and the	
Absence due to competing in a QRSS event or another sport event of the same or higher level  Absence due to religious and/or cultural responsibilities  Absence due to religious and/or cultural responsibilities  Include a letter on official school letterhead signed by your school principal to support the absence.  Include a letter on school letterhead signed by your school principal to support the bereavement or compassionate grounds.  By signing this form, I give permission for RSS staff to contact me, my parents/guardians or staff at my school.  Applicant Signature  Parent Email  Parent Signature  School name  Delegate name  Email  Mobile Phone  Signature		your school principal stating your name; the activity; the duration of the activity (start date and end date); and	
responsibilities  your school principal to support the absence.  Include a letter on school letterhead signed by your school principal to support the bereavement or compassionate grounds.  By signing this form, I give permission for RSS staff to contact me, my parents/guardians or staff at my school.  Applicant Signature  Date  Parent/Guardian Name  Parent Email  Parent Signature  Signature  Parent Signature  Signature  Journ Signature  Mobile Phone  Signature  Signature	O event or another sport event of the same or	states that you are selected in the team (your name is to appear in the documentation), the event name and dates	
Bereavement or compassionate reasons school principal to support the bereavement or compassionate grounds.  By signing this form, I give permission for RSS staff to contact me, my parents/guardians or staff at my school.  Applicant Signature  Date  Parent/Guardian Name  Parent Email  Parent Signature  Signature  Signature  Signature  Signature  Signature			
to contact me, my parents/guardians or staff at my school.  Applicant Signature School name  Date Delegate name  Parent/Guardian Name Email  Parent Email Mobile Phone  Parent Signature Signature Signature	O Bereavement or compassionate reasons	school principal to support the bereavement or	
Date Parent/Guardian Name  Parent Email  Parent Signature  Delegate name  Email  Mobile Phone  Signature	to contact me, my parents/guardians or staff at my	Authorised School Delegate Details	
Parent/Guardian Name Email  Parent Email  Parent Signature  Signature	Applicant Signature	School name	
Parent Email  Parent Signature  Email  Mobile Phone  Signature		Delegate name	
Parent Signature Signature		Email	
	Parent Email	Mobile Phone	
Date			
	Date	Date	

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