



# Wide Bay School Sport Board

ABN:76 337 613 647  
North Coast Region  
Maryborough Office

102 Lennox Street  
PO Box 142  
Maryborough Q 4650

Secretary: Justin Lane

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## Application for Exemption 13 - 19yr Wide Bay Regional Trial

An athlete who wishes to trial for more than one sport on a Cluster Trial day who has either: a) represented Queensland in that sport, or b) represented in a Regional School Sport team in the previous 12 months.

This application will be considered for selection in the regional team after endorsement by School Principal, District Secretary and RSSO.

**Please Note: This application does not guarantee your selection in the team. If this application is fully authorised, it is still up to the sport officials to select you into the team on the trial day.**

### Athlete Details

Name:

Gender:

School:

Date of Birth:

Parent Name:

Parent Contact:

Trial attending (physically attending)

Sport:

Year Level:

Date of Trial:

Venue of Trial:

Trial not attending (requesting exemption from)

Sport:

Year Level:

Date of Trial:

Venue of Trial:

Have you represented WBSS in this sport previously? ☐ YES ☐ NO

Have you Represented QSS in this sport previously? ☐ YES ☐ NO

Have you represented at a club level in this sport previously? ☐ YES ☐ NO

Have you been selected to compete in any other WBSS teams this year? ☐ YES ☐ NO

**If yes please specify:**

**Student Declaration – By signing this application, I acknowledge that:**

- My application may not be granted as each application is decided individually by my Principal, District Secretary and Regional School Sport Officer.
- My application must be authorised by my Principal and District Secretary and submitted to the RSSO 1 (ONE) week prior to the Regional Trials or it will not be considered.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

### Authorisation Step 1 – School Principal

Name:

Signature:

Date:

### Authorisation Step 2 – District Secretary

Name:

Signature:

Date:

### Authorisation Step 3 – Regional School Sport Officer

Date Received:

Approved:

☐ YES ☐ NO

Student Notified:

Name:

Signature:

Date: