	Wide Bay School Sport Board				
SCHOOL SPORT	ABN:76 337 613 647 North Coast Region Maryborough Office	102 Lennox Street PO Box 142 Maryborough Q 4650			
Secretary: Justin Lane	Phone: (07) 4122 0874	Email: justin.lane@qed.qld.gov.au			

Application for Exemption 10-12yr Wide Bay Regional Trial

An athlete who wishes to trial for more than one sport on the same cluster trial day, must submit an Application Exemption Form for the sport they are not attending.

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 a	ttending)					
Sport:	Year Level:					
Date of Trial:	Venue of Trial:					
Trial not attending (request	ing exemptior	n from)				
Sport:			Yea	r Level:		
Date of Trial:	Venue of Trial:					
Ha	ave you repre	sented WB	SS in this spo	rt previously?	YES NO	
	Have you Repi	resented Q	SS in this spo	rt previously?	YES NO	
Have you represented at a club level in this sport previously? 🛛 YES 🗖 NO					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		Authorisatio	on Step 2 – Dist	trict Secretary		
Name:			Name:			
Signature:	Date:		Signature:		Date:	
Authorisation Step 3 – Regional School Sport Officer						
Date Received:	Approved:	T YES	□ NO	Student Noti	fied:	
Name:	Signature:		Date:			
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