

# SOUTHERN CROSS CATHOLIC COLLEGE

## Sports Trials Exemption Form



Applications close prior to the commencement of the trials : \_\_\_\_/\_\_\_\_/\_\_\_\_

Southern Cross Catholic College reserves the right to refuse late applications.

If you are unable to participate in the trials and want to be considered for selection, you must provide SCCC 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 Holly Harrison, Program Leader for sport [hharrison4@sctsv.catholic.edu.au](mailto:hharrison4@sctsv.catholic.edu.au) prior to the trial starting.

Name of Trial:\_\_\_\_\_ Full Name:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Date of Trial:\_\_\_\_\_

### Grounds for Absence (circle one)

1. Medical condition on day of trials
2. Absence due to competing at a higher level sport (Name of Competition:\_\_\_\_\_)
3. Bereavement or Compassionate reasons
4. Other:\_\_\_\_\_

Documentation attached (Note documentation must cover the days of the trial):

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

### Student's Declaration

I believe I should be selected for these trials because (state any previous experience in the sport)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am aware that:

1. These trials are only held once only on, \_\_\_\_\_
2. Each application is decided individually. Acceptance of this application is not automatic and if accepted only entitles me to be considered for selection.
3. By signing this I give permission for SCCC Staff to contact me, my parents / guardians to clarify information about my application.

Student's signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent / Guardians signature:\_\_\_\_\_ Date:\_\_\_\_\_