

REGIONAL SELECTION - ABSENT COMPETITOR

(N.B. This form is to be used for students who are unable to compete at the 2012 Metropolitan East 10 – 19yrs Swimming Trials due to injury, illness or absence at a competition of a higher level).

Student Name: _____ M / F

School: _____

Date of Birth: _____ Age Group: _____

Reason for Application

- (a) Medical (A doctor's certificate must be attached).
- (b) Absent at a championship of a higher level.

Sport	Championship	Details

Only results achieved in 2011/2012 Season will be considered.

Do not list results achieved prior to September 2011.

Event	Age Group	Best 2009/2009 Time	Date of Performance	Venue	Name of Meet
<i>Example 100m</i>	<i>13 years</i>	<i>1.05.96</i>	<i>13.12.11</i>	<i>Chandler Aquatic</i>	<i>South District Carnival</i>

The absent competitor form must be delivered to **the Convenor** before the start of competition on the day of the Metropolitan East Trials on **28 February 2012**. If injury or illness occurs on the Day and special consideration is required the absent competitor form must be received by the Metropolitan East School Sport Office by 3.00pm on Wednesday 29 February 2012.

Signed - **School Swimming Coordinator / Coach / Sportsmaster.**

Name: (signed) _____ Name: (printed) _____ Date: _____