

Entry to State Championships via Medical Certificate or Special Circumstances

Surname : _____ First Name : _____

Centre : _____ U/ _____ Reg No : _____

Zone : _____ Date of Zone Games: _____

					QLAA Office Use Only
Event	Personal Centre Performance	Date	Zone Games 2nd Place Result	Qualifying Standard	Accepted

Applications for nomination via
(Please tick)

Medical

Special
Circumstances

* Attachments required for special circumstances

Mandatory Attachments required for medical or special circumstances

	Tick Box	Yes / No
On the Day Injury Report	<input style="width: 100px; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px; background-color: yellow;" type="checkbox"/>
Official Medical Certificate (obtained within 48 hours of injury)	<input style="width: 100px; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px; background-color: yellow;" type="checkbox"/>
* Supporting Statement to Centre Management Committee	<input style="width: 100px; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px; background-color: yellow;" type="checkbox"/>
* Centre Performance Record (verified by Centre Records Officer)	<input style="width: 100px; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px; background-color: yellow;" type="checkbox"/>
* Recommendation letter from Centre Management Committee	<input style="width: 100px; height: 30px;" type="checkbox"/>	<input style="width: 100%; height: 30px; background-color: yellow;" type="checkbox"/>

Centre Manager / Centre Team Manager	Signed	Date
Chief Executive Officer	Signed	Date