DIRECT TO REGIONAL TRIAL NOTIFICATION
NOMINATION / PARENT & MEDICAL CONSENT

Dear Parent / Caregiver,
Your child has expressed an interest to trial for a **Metropolitan East Representative Sporting Team**. Individual players are invited to submit a paper nomination through the **school sports coordinator** outlining their playing experience. ***Submitting a nomination form does not guarantee an invitation to the regional Trial.*** Details of the Trial are:

Sport	**TENNIS**
Gender	Boys and Girls
Age Group	13 – 19yrs (Born 2008 – 2014)
Trial Date	Thursday 4th February 2027
Time & Venue	Southside Tennis Centre, Sports Road, Mt Gravatt
Convenor Name	Matthew Wotherspoon
School	Marsden SS
Email	mpwot0@eq.edu.au
Requirements	**Students must have prior playing experience and be approved as suitable to trial by their school. STUDENTS SHOULD NOT NOMINATE UNLESS THEY HAVE AUSTRALIAN TENNIS RANKING AND/OR EXTENSIVE TOURNAMENT EXPERIENCE. DRAW MAY BE RESTRICTED TO 16 FOR MALES AND 16 FOR FEMALES. SELECTION FOR TRIALS BASED ON AUSTRALIAN RANKINGS FIRST THEN CONVENOR DISCRETION.**
Selection procedures	1. Restricted draw of 16 or less for both boys and girls. 2. Rounds 1/2 - Main Draw: 1st to 6. Tiebreak at 5 all; Round 3: 1st to 9 Pro set. 3. Semi Finals - Main Draw – 1st to 9 Pro set 4. Feed-in for losers of rounds 1/2/3/4: 1st to 6 games. Tiebreak at 5 all. 5. Semi Finals - Feed-in – 1st to 9 Pro set 6. The semi-finals of both the main draw and feed in will be used to select the one team of four boys and one team of four girls. All paper nominations will need to be considered on a merit process.
Equipment	Students will need to supply their own personal equipment. Tennis balls will be provided for each match.
Catering	Bring own food as there will be no canteen operating.
State Championship Information	Students attending the Regional Trial must be able to compete at the QRSS State Championship on 11 – 14 March 2027 at the Sunshine Coast Tennis Centre, Caloundra. The player levy will be approx. $500.00 plus compulsory apparel.

INSTRUCTIONS:

1. Parent to complete the ***Nomination and Student Details form*** and return it to your SCHOOL SPORTS CO-ORDINATOR, who will send on to the Regional Trial Convenor.
2. Completed nominations are to be sent to the Met East Convenor at mpwot0@eq.edu.au via the school sports coordinator by **THURSDAY 28 February.**
3. Sport coordinators will be notified before the trial if the student was successful or unsuccessful. If a fully completed nomination is not received by the due date a student will not be considered for the trial.

METROPOLITAN EAST SCHOOL SPORT

INDIVIDUAL NOMINATION FORM for 13-19Yrs TENNIS TRIALS

SCHOOL DETAILS			
School Name			
Name of Sports Coordinator			
Email of Sports Coordinator			
STUDENT DETAILS			
Student Name			
Gender	Select	**Date of Birth**	
Parent/Caregiver's Name			
Parent/Caregiver's Phone No			
Parent/Caregiver's Email			

Experience and Positional Data: (Include years, age groups, team name, achievements)
*Provide **full** details to give yourself the **best possible chance** to be invited to the trial. Incomplete forms will not be considered for the trial and will not be followed up by the Convenor. **Attach a separate list if necessary**.*

Australian Tennis Ranking:

Tournament Name/Grade	Date	Performance/Result
Other Information:		

STUDENT MEDICAL DETAILS		
MEDICAL CONDITIONS	**RESPONSE**	**ADDITIONAL COMMENTS**
Heart Problems	Select	
Asthma Is Asthma during exercise induced?	Select Select	If yes to either, list medication and/or attach Action Plan.
Epilepsy	Select	
Allergies	Select	
Anaphylactic Reactions	Select	
Recent Illness / injuries	Select	
Current Medication	Select	
Other	Select	

INSURANCE

The Department of Education does not have personal accident insurance cover for students. If a student is injured because of an accident or incident while participating in representative school sport, all costs associated with the injury, including medical costs are the responsibility of the student's parent/carer or adult student themselves.

PARENTAL CONSENT

Please read the following conditions of participation and indicate your agreement by signing below:

• I have reviewed the information I have provided on this form and confirm that this information is correct.
• To the best of my knowledge, the student named in this form is medically fit and able to participate in this representative sporting event.
• In the event of an accident or illness, staff may obtain or administer any medical assistance or treatment that the student named in this form may reasonably require.
• I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including transportation costs) and will undertake to reimburse the department the full amount of those costs.
• I am aware that the department does not have any personal accident insurance cover for students.
• I understand **that mouth protection is** mandatory in **Aust Football, Hockey, Rugby 7's, Rugby League, Rugby Union & Water Polo**. I accept responsibility for the type of mouth protection my child will wear.

Name of Parent / Carer:

Signed:	**Date:**

Completed nominations are to be sent to the Met East Convenor on mpwot0@eq.edu.au **via the school sports coordinator** by Thursday 28 February. Students will be advised of the outcome of their nomination by notification **through their school**.

Privacy Notice

The Department of Education (DoE), through Queensland Representative School Sport is collecting personal information in this form to support the health needs of students during representative school sport activities. The forms will be collected by the Team Officials, who will provide them to department staff involved in the running of the event and first aiders/health professionals engaged if the student requires first aid and/or health support during the sporting event.