

SPECIAL CONSIDERATION APPLICATION
FOR PSSA TEAMS

I would like my child/ward _____ to be considered for the
_____ team. The reason my child was unable to attend both trials was:
_____.

Doctor's certificate attached.

External Sport-Specific Experience and Positions

Current/Recent Club Team & Grade: _____

Preferred position/s: 1. _____ 2. _____ 3. _____

Current/Recent representative teams (e.g. squad):

Current/Recent position/s played in the representative team:

1. _____ 2. _____

Other teams or past experience: _____

Parent/Carer Name: _____

Signature: _____

Date: _____