

# Queensland School Sport

## 3.0 Team Training Schedule

► NB. (Make sure you have the latest version of **Adobe Reader** installed on your operating system). This document has been designed as an electronic version for your convenience.

**Sport:** \_\_\_\_\_

**Official's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

Below is a schedule of my proposed Queensland Team training sessions.

Date	Venue	Time

**Total Number of School Days:**

This training schedule has been endorsed by the Queensland School Sport (QSS) Unit and the QSS Sport Specific Committee Executive:

<b>Total Number of TRS Days Reimbursed by QSSMG :</b>	
<b>Total Number of TRS Days Reimbursed by the Sport Specific Committee :</b>	

<b>Name of Committee Executive</b>		
<b>Signature of Committee Executive</b>		<b>Date</b>

I hereby approve of the involvement of \_\_\_\_\_ (teacher) in attending Queensland team training sessions as outlined above. I understand that this program may be subject to change.

I also approve the use of a personal mobile phone by this teacher for communicating with team members and parents and the use of a personal camera for photographing students for the duration of the team's commitments.

<b>Name of Principal</b>		
<b>Signature of Principal</b>		<b>Date</b>

SIGN HERE

**NOTE:**

1. Risk Assessment documentation must be submitted for endorsement prior to the first training session.
2. If a more detailed Queensland Team Training Program is available, that document should be attached to this training schedule.