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**2025 QCSA TEAM NOMINATION PROCESS**

Pay the nomination fee of $350 (refunded if not selected) via EFT into the Queensland Christian Soccer Association bank account:

Suncorp Bank

BSB 484-799

Account# 079185445

1. Reference must include the player’s surname and team (e.g. Smith U17Girls). The $350 nomination fee will be used as the first payment towards tour fees for selected players. Failure to pay the nomination fee will result in the automatic withdrawal of the player’s nomination by the National Committee.
2. Complete the attached nomination form and return it to the [nationalchair@qcsa.org.au](mailto:nationalchair@qcsa.org.au)

**REFUND OF THE NOMINATION FEE**

Refunds of the nomination fee of selected players will be at the discretion of the National Committee. Refunds will be issued for medical circumstances upon receipt of a doctor’s certificate.

Shadow players will be required to purchase the full kit if it is their first year and replacement items for returning players. Costs for uniforms will not be refunded to any player or shadow player past the uniform order cut-off date. Refunds may also be made of any other monies, other than uniform, paid to the QCSA by the shadow player if they are not called into the touring team.

Refunds for non-selected players will be paid after the announcement of the Queensland teams.

**APPEALS**

There are no appeals on the selection of players. Selectors do not have to justify team selections to players/parents/coaches etc. Any appeals about compliance to rules and process in nominations or payments shall be directed to the National Chair.

**AGE DETERMINATION**

**U15** - Must have turned a maximum of 15 years of age in the year competing.

**U17** - Must have turned a maximum of 17 years of age in the year competing.

**U19** - Must have turned a maximum of 19 years of age in the year competing.

**Women -**Must have turned a minimum of 18 years of age in the year competing.

**Men -**Must have turned a minimum of 20 years of age in the year competing.

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|  | | | | **2025 QCSA TEAM NOMINATION FORM**  **Nominating players must pay their $350 nomination fee into QCSA Bank Account BSB 484-799  Account# 079185445** **and send in their completed form to the** [**Nationalchair@qcsa.org.au**](mailto:Nationalchair@qcsa.org.au) **by WEDNESDAY 30th of March 2025.** | | | | | | | | |
| Code of Conduct and Rules attached. | | | | | | | | | | | | |
| **$350 NOMINATION FEE** | | | | | Date paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reference no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **ACCOUNT DETAILS FOR REFUNDS** | | | | Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **FULL NAME** | | | |  | | | | | | | | |
| **MOBILE** | | | |  | | | | **DOB** | | \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | |
| **EMAIL** | | | |  | | | | | | | | |
| **CURRENT CLUB** | |  | | | | **CURRENT TEAM** | |  | | | **DIVISION** |  |
| **QCSA AGE GROUP NOMINATING FOR:** | | | |  | | **POSITION/S** | |  | | | | |
| PLAYER / PARENT DECLARATION (Parent signature required if player under 18 at date of signing). | | | | | | | | | | | | |
| I recognise that pursuant to my selection I must abide by the Code of Behaviour and Conditions attached. I also acknowledge that I will be required to meet any associated costs not covered by the QCSA. | | | | | | | | | | | | |
| **PLAYER SIGNATURE** | | |  | | | | | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent for the above named to participate as indicated and acknowledge the conditions of entry and associated costs. | | | | | | | | | | | | |
| **PARENT / GUARDIAN** | | | (Required if Player is aged under 18 Years) | | | | | | | | | |
| **NAME:** |  | | | | | | **SIGNATURE:** | |  | | | |