Gymnastics
South Australia

2010 SOUTH AUSTRALIAN STATE TEAM NOMINATION FORM

Name: _____ Date of Birth: / /

Address: _____

_____Postcode _____

Level: _____ Club/Program: _____

I ……(as detailed above) am available for selection to the Gymnastics South Australia Levels State Team 2010 to compete at the 2010 National Levels Championships in Perth from 4th July – 8th July 2010.

I understand that selection in the Gymnastics South Australia State Team is based on meeting the selection criteria as specified in the Gymnastics SA Regulations.

If selected in the Team, I agree to purchase all necessary items of the Team uniform and wear them in accordance with Team regulations.

I understand that the selection in the State Team is dependent on the agreement to abide by the Code of Conduct and that breaches of the Code may result in disciplinary action.

I understand that, if selected to the State Team, I will be required to pay all monies in relation to entries, uniform in advance (necessary items only) and that, once entries are finalised and paid on my behalf, a full refund may not be possible in the event of a late withdrawal from the Team by me.

Are you injured at the moment? YES / NO

If YES, a medical certificate is required to be submitted.

I have read and understand the selection policy, travel policy and banned substances table.

I understand that the full cost of the trip, (including flights, accommodation, meals, uniform, entries, contingency etc.) must be paid in full prior to departure. Failure to do so will result in withdrawal from the Team.

Signed _____ _____

(Parent/Guardian if under 18yrs) Nominee's signature

Name _____ Date: / /

(Please print)