

2024 AQUATHLON REGIONAL TRIAL NOMINATION FORM FOR 2025 TEAM

APPENDIX A

Details of Regional Trials

SPORT:	Aquathlon for 11 & 12yr olds as at 31 December <u>2025</u>
VENUE:	Evandale Community Park 135 Bundall Rd, Bundall (Behind City of Gold Coast Council Chambers)
DATE:	Monday 28th October 2024
TIMES:	Boys Race 7:15am (Exit park by 7:50am) Girls Race 8:15am (Enter park no earlier than 8:00am)
COST:	\$25 (to be paid online please see instructions)
DISTANCES:	1.0 km Run 200m Swim 1.0 km Run
NOMINATIONS DUE:	Monday 21st October 2024
PERMISSION:	Must bring completed standard <i>South Coast School Sport – Permission & Details Booklet</i> - available online NB. must include Principal's approval signature

Individual Participant Details

FIRST NAME	SURNAME	GENDER	Male / Female
DATE OF BIRTH			
HOME ADDRESS		POST CODE	
HOME PHONE		PARENT MOBILE	
FAMILY EMAIL			
SCHOOL IN 2025		YEAR LEVEL IN 2025	
TRIATHLON CLUB		COACH.	

Experience

Have you previously competed in an Aquathlon event	Yes / No
If you have not competed in a regional trial the following statement must be completed by an accredited swimming or triathlon coach or School Physical Education teacher	
<i>I certify that this student is able to complete the swim distance designated for his / her age group competently and competitively. I am confident that he / she could do it safely in open water conditions that may be rough or choppy.</i>	
NAME	SIGNATURE
QUALIFICATIONS	DATE

PARENT / GUARDIAN'S NAME	SIGNATURE	DATE	
--------------------------	-----------	------	--

Special Consideration

The Regional Sports Office must be notified in writing on the *"Absentee Application for Exemption from QSS (Regional Trials / State Champ.) Form* from those students requesting consideration for selection due to:

- Medical condition on the days of competition
- Absence due to competing at a higher level event in the same sport and same discipline
- Absence due to competing with another QRSS (State Team) or SSA (National team) in a different sport.
- Bereavement or Compassionate reasons.
- COVID-19: Has tested positive to COVID-19 and is in isolation/Is exhibiting COVID-19 like symptoms and is isolating/pending a COVID-19 test

. NB. The SSSC office must be contacted directly by email southcoastschoolsport@qed.qld.gov.au or phone 5656 6761 in order to obtain a copy of this form

Nomination forms must be received by
Monday 21 October 2024 Email
 to: South Coast School Sport
southcoastschoolsport@qed.qld.gov.au
 Phone (07) 5656 6761

SOUTH COAST & QUEENSLAND SCHOOL TRIATHLON PARTICIPANT'S AGREEMENT	11-19 YEARS
--	--------------------

WARNING: This is a legal document that affects your rights

IF POSSIBLE TYPE (OR WRITE VERY CLEARLY) THE ATHLETE DETAILS INTO THIS FORM

Athlete name		DOB	M	F
School (in 2024) <i>[include suburb or town]</i>	Region: SOUTH COAST			
Parent/Guardian name	Parent Mobile #			
Parent email address				
Current Financial Triathlon Australia Member 2024/2025	YES	Triathlon Australia Membership #	I am not a member of TA.	

- 1 I acknowledge that competitive triathlon involves the real risk of serious injury or even death from various causes including overexertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, course or weather conditions and other causes.
- 2 I understand that I should not compete in this event unless I have trained appropriately and my physical condition has been verified by a medical practitioner.
- 3 By competing, I accept all risks necessarily flowing from my participation, which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims demands and proceedings arising out of my participation and I hereby indemnify them against all liability *(including liability for their negligence and the negligence of others)* for all injury, loss or damage arising out of or connected with my participation in this event. This release shall extend to and include Triathlon Australia PL., Triathlon Queensland PL., and their respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns.
- 4 I consent to receiving any medical treatment, including ambulance transportation that the event organisers think desirable during or after the event.
- 5 I understand that compulsory insurance cover affected for participants in this event may not cover me for any or all injury, loss or damage sustained by me.
- 6 Safety precautions undertaken by organisers (such as course supervision, race safety briefings, bicycle and helmet safety checks) are a service to me and other competitors but are not a guarantee of safety.
- 7 I am fully responsible for the security of my personal possessions at the event.
- 8 I have listed on a separate document the medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed I accept the risk of competing, despite these conditions.
- 9 I agree to abide by all race rules and directions issued by Triathlon Australia and the event organiser.
- 10 Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions.

As a parent or guardian of the competitor *I agree to the above for myself and on behalf of my child. *I indemnify and will keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.

Parent Signature <small>Athletes over 18yrs must personally sign</small>	Date
---	------

This form must be returned to your Regional Sports' Officer or Regional Triathlon Team Manager.

YOU WILL NOT BE PERMITTED TO RACE IF THIS WAIVER IS NOT COMPLETED AND SIGNED AND PRESENTED BY YOUR REGIONAL TEAM MANAGER AT THE PRE-CHAMPIONSHIP MEETING.