

## 2023 AQUATHLON REGIONAL TRIAL NOMINATION FORM FOR 2024 TEAM

**APPENDIX A** 

### Details of Regional Trials

SPORT:	Aquathlon for 11 & 12yr olds as at 31 December 2024			
VENUE:	Evandale Community Park   135 Bundall Rd, Bundall (Behind City of Gold Coast Council Chambers)			
DATE:	Monday 30 <sup>th</sup> October 2023			
TIMES:	Boys Race 7:15am (Exit park by 7:50am)			
I livies.	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 23 <sup>rd</sup> October 2023			
PERMISSION:	Must bring completed standard South Coast School Sport – Permission & Details Booklet - available online			
PERIVIISSIUN.	NB. must include Principal's approval signature			

Individual Participant Det	ails
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Surname Gender Male / Female	
GENDER Male / Female	
GENERAL TEMPLE	
i	
Post Code	
PARENT MOBILE	
YEAR LEVEL IN 2024	
Соасн.	
	POST CODE PARENT MOBILE  YEAR LEVEL IN 2024

Experience	

Have you previously competed in an Aquathlon ever	ent	Yes	/	No	
If you have <b>not competed</b> in a regional trial the following statement must be completed by an accredited swimming or triathlon coach or School Physical					
Education teacher					
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.					
Name	Signature				
QUALIFICATIONS	<b>D</b> ATE				
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

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

Nomination forms must be received by Monday 23 October 2023 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	М	F
School (in 2024)			Region: SOUTH COA	ST	
[include suburb or town]					
Parent/Guardian name			Parent Mobile #		
Parent email address					
Current Financial Triathlon Australia Member 2023/2024	YES	Triathlon Australia Membership #	I am not a member o	f TA.	

- 1 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.
- 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 occupiers 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.
  - 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 <u>organisers</u> 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 <u>organisers</u> (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		Date
Athletes over 18yrs must	,	5-6-1-0-0-1
personally sign	<u> </u>	

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.