



boccia australia

ATHLETES NOMINATION – 2010 National Championships

PERSONAL DETAILS

NAME: _____
ADDRESS: _____ POST CODE: _____
PHONE: (H) _____ MOBILE: _____
EMAIL: _____ D.O.B: _____
Disability : Cerebral Palsy / Other (Please State) : _____
T-SHIRT SIZE: **LADIES** :..... **MENS**:.....

EMERGENCY CONTACT

NAMES: _____
ADDRESS: _____
PHONE: (H) _____ (W) _____
MOBILE: _____
RELATIONSHIP: _____

COMPETITION DETAILS

PLEASE CIRCLE
Singles Event: BC1, BC2, B3, BC4, OPEN
Pairs Event: BC3 RAMP PLAYERS
Team Event: Combined BC1 & BC2

CLASSIFICATIONS

Have you been classified? YES NO
CLASS : _____ DATE CLASSIFIED : ____/____/____

ACCOMMODATION

DO YOU REQUIRE ACCOMMODATION? YES NO
From Sunday May 2 to Friday May 7
Do you have any special requirements? E.g. Plastic chair: _____
Do you have any special dietary requirements: _____

AIRPORT TRANSPORT

Do you require ground transport between venue & airport? YES / NO

Do you use a wheelchair? YES / NO How many will you bring? ____

SUPPORTERS

I will be accompanied by: _____

Please make accommodation / transport arrangements on their behalf.

FLIGHT DETAILS

Flight Arrival Sunday May 2 – TIME: _____ FLIGHT NO: _____

Flight Departure Friday May 7 – TIME: _____ FLIGHT NO: _____

PAYMENT DETAILS

Athletes Entry Fee incl lunch for athlete & carer.....	\$350	\$
Athlete & Carer Accommodation, Meals & Ground Transport between venue & airport.....	\$750	\$
If Expression of Interest was not completed include Admin fee	\$25	\$
Late Fee if after March 26, 2010.....	\$100	\$
TOTAL FEES ENCLOSED.....		\$

INDEMNITY DISCLAIMER : This waiver must be signed by all competitors

- I, as signatory below, as a condition of the acceptance of my player nomination to the 2010 Boccia National Competition, agree to waive any claim, right or cause of action arising out of my loss of life or injury, damage, or loss of any description whatsoever, which I may suffer or sustain in the course of or consequent upon my acceptance to, or participation in, the above event for myself, my heirs, executors and administrators.
- This waiver shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of the Event and the servants, agents, representatives and officers of any of them and includes, but is not limited to the Association, Event sponsors, producers, directors, volunteers and officials.
- I agree safety precautions undertaken by qualified officials are provided as a service to other competitors and myself and are not a guarantee of safety.
- I attest that I am physically fit and have sufficient training for competition for the Event.
- I agree to receive medical treatment, which may be advisable in the event of illness or injuries suffered by me during the Boccia championship.
- I agree to the free but appropriate use of my name, voice or image in any broadcast, telecast, advertising promotion or other account of the Event by the Association or its agents.
- I agree to abide by the Competition Rules and Conditions of the Event as stated above and upon literature and other material distributed in connection with the Event.

Please contact Boccia Australia if you have any questions on the above.

E: bocciaaustralia@powerup.com.au T: 07 3286 6725 M: 0401 999 822

SIGNATURE: _____ DATE: ____ / ____ / ____

Declaration for Athletes (under 18) must be signed by parent/guardian.

(Print name here) _____

Payment and paperwork to be returned by March 26, 2010.**Send to: Boccia Australia Association Inc, 2 Duchess Place, Cleveland, Qld 4163**