



SURF LIFE SAVING
NORTHERN REGION

2019 TRANS-TASMAN TRI SERIES JANUARY 2-9, CENTRAL COAST, NSW

ATHLETE APPLICATION INFORMATION

Squad Selection:

A Squad will be named by **10th August, 2018** from which the Team will be selected.

Squad Training Activities:

SLSNR realise the importance of an athletes training regime and the input of their current coaches as a key component in any athletes success.

SLSNR also realise the importance of selecting the best team possible to compete at the 2019 TTTS event and having an understanding of each athlete's abilities and commitment to training and the team they may represent.

Once selected, the Team will be expected to undertake a variety of individual and team activities, balanced with their existing sport and work/study commitments.

Team Selection:

The team will be named by **3rd September, 2018**. Athletes will be selected in the Under 17, Under 19 and Open age categories (age as at 30 September, 2018).

Selection Policy:

The selection of the team for the 2019 Trans-Tasman Tri Series (TTTS) will be in accordance with the current SLSNR Selection Policy (attached).

The Selectors for the 2019 TTTS will take into consideration SLSNR & SLSNZ surf sports events prior to team naming, including previous season results and any other information deemed necessary.

Team User pays contribution:

A user pays contribution is required from each member of the final team by the **1st December 2018** to confirm their selection in the team. Depending on overall costs, this could be up to, but no more than \$1000 per athlete. SLSNR will contribute the remaining \$30,000 cost.

Please complete the form below to be eligible for selection for the Surf Life Saving Northern Region Trans-Tasman Tri Series Squad 2019 and return to **lewis.mcclintock@lifesaving.org.nz** by **5pm Friday 20th July 2018**.



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NORTHERN REGION

**2019 TRANS-TASMAN TRI SERIES, JANUARY 2-9, CENTRAL COAST, NSW
ATHLETE APPLICATION FORM**

First Name	
Surname	
Date of Birth	
Current Age Group	
SLSNZ Club	
Australian Club	
Street Address	
Suburb	
City	
Country	
Postcode	
Home Phone	
Mobile	
Email	
Passport Number	
Passport Expiry	
Emergency Contact Name	
Emergency Contact Email	
Emergency Contact Mobile	
Medical Conditions	

Athlete Declaration

At the time of submitting this form:

1. I declare that I am a current and financial member of the SLSNZ Club named in this application;
2. I declare that I hold a current refreshed SLSNZ Lifeguard Award;
3. I declare that I am a New Zealand Citizen;
4. I acknowledge I have read and understood the SLSNR Selection Policy and I agree to comply with it;
5. I acknowledge that my only right of appeal in respect of my non-selection is as set out in clause 8 of the SLSNR Selection Policy;
6. I agree to comply with the constitution of SLSNR, together with all Regulations, Policies and reasonable directions of the Board and the Chief Executive;
7. I acknowledge that I read and understand Drug Free Sport New Zealand information in Sports Anti-Doping at <https://drugfreesport.org.nz/for-athletes/> and I agree I am bound by the provisions contained within those Rules;
8. I understand that I will be required to sign the SLSNR Athlete Agreement if I am selected to a SLSNR Northern Region squad or team.

Athlete Signature: _____ **Date:** _____