

WAMBA Junior State Team Nomination Form



1. CONTACT DETAILS

Name of Rider:		MTBA Club:	
Postal Details – Street:			
Postal Details - Suburb:		State:	Postcode:
Phone (Home):		Fax:	
Phone (Mobile):		Email:	
Parent Name:		Parent Phone (Mobile):	
Name of parent or guardian who will be travelling with the rider (if different to above):		Parent/ Guardian Phone (Mobile):	
<p>Would you be prepared to pay \$50 towards funding a bike mechanic for the team?</p> <p><i>Note: there are some grants available that you will be eligible to apply for through different government departments. If selected, you will be notified of these.</i></p>		<p>To keep the travelling cost down, would you like to be part of a fundraising team?</p> <p><i>Note: there is no official fundraising for the team, but at their own discretion, individuals and clubs have organised fundraising initiatives to contribute to the team or individuals in the team.</i></p>	

2. PERSONAL DETAILS

MTBA Membership Number:		Date of Birth:	
Age category at event:		First or Second year:	
<p>What events are you entering?</p> <ul style="list-style-type: none"> ▪ Cross Country Olympic ▪ Short Course Cross Country ▪ Down Hill ▪ Observe Trials ▪ Other events not listed 		<p>A Cross Country team relay may be available to compete in, which will incur another cost to you. Would you be interested in doing the team relay?</p>	

**How many State Level MTB races have you done this year:
(or Road or Track)**

What are your 5 best results in any race?

Do you train under a coach or belong with a junior development program or squad?
If yes, please supply contact details

Have you ever attended the MTB Nationals?
If yes, what were your results?

What are your goals in attending the MTB Nationals?

3. ADDITIONAL INFORMATION

Support Staff Position
(please circle):

Positions are open to any experienced people.

Team Manager Assistant Team Manager Team Coach Assistant Coach
Mechanic Female Chaperones Drivers Medical Officer Parent Helper

Name of person applying for the position:

What experience do you have in the field you have chosen?

Note: to keep travelling cost down, these positions are volunteer positions - except for the Team Mechanic who may receive some help. Conditions do apply.

Team Travel and Accommodation:

Please answer the following questions with a "Yes" or "No" to help with management of the team

- I would like to travel by myself and make my own travel arrangements
 - I would like to travel as a team
- Will you be a part of any or all of the following related costs (estimates only)?**
- Sharing cost and using mini bus and trailer hire – approx. \$140 each for 5 days
 - Leaving and returning on same air flights - price TBC
 - Staying together and sharing the cost of the accommodation – approx. \$130 each for 5 nights

- **Sharing the cost and preparing the meals, which will be a set cost of approx. \$18 each day per person (does not include alcohol for the adults)**

Uniform Sizing (cm): **T Shirt** Chest

Current Bike

4. SUPPORTING DOUCMENTS REQUIRED

ATHLETE
Supporting Documents:
 Please circle
 MUST BE ATTACHED

WAMBA Sate Team Medical Information and Parent Consent	Filming/ Photographic Consent Form	Copy of MTBA Membership Card	Copy of Birth Certificate
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SUPPORT STAFF
Supporting Documents:
 Please circle
 MUST BE ATTACHED

WAMBA Sate Team Medical Information and Parent Consent	Filming/ Photographic Consent Form	Copy of MTBA Membership Card	Copy Of Working With Children Check Card/ Receipt
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5. PAYMENT DETAILS

Payment details: NO NOMINATION FEE REQUIRED WITH THIS FORM

6. DETAILS OF YOUR THERAPEUTIC USE EXEMPTION FORMS

Visit http://www.asada.gov.au/substances/therapeutic_use_exemptions.html to check

I have checked the website and forms are required: Yes / No

I have checked and included a copy of the following forms with this applications:

- 1.
- 2.

7. APPLICANT CONTRACT

Call for nominations:

- The Call for Nominations document prepared for your event forms part of the conditions of this contract.

Expenses:

- I agree to pay all expenses as described in the Call for Nominations document and invoiced to me by WAMBA.

Misconduct:

- All WAMBA and MTBA members are guided by the Code of Conduct, protected by Members Protection Policy and governed by WAMBA and MTBA. All matters of misconduct will be dealt with in accordance with these policies.
- Should any team member have a grievance, they are to report it to the WestCycle CEO.
- If any team member does not comply with the code of conduct, it is the duty of any team member to report it, in writing, to the Westcycle CEO.

Uniforms:

- Team uniform is expected to be worn whist travelling and at the event.

Responsibilities:

- Team member responsibilities are set out in the WAMBA State Team Selection Policy.
- All riders must wear a helmet when riding around the town. Downhillers need to have a separate helmet with them to wear when riding, if they don't wish to ride with their full face helmet. A spare helmet can be carried in a backpack.

WAMBA Junior State Team Nomination Form

1. I/ we hereby request to compete as a state team entrant in a cycling race in accordance with WAMBA and MTBA By-Laws.
2. I/ we undertake to comply with any conditions that WAMBA or the Event Organiser may impose.
3. I/ we agree to abide by the WAMBA and MTBA Code of Conduct and the WAMBA State Teams Selection Policy.
4. I HAVE READ AND UNDERSTOOD THE CALL FOR NOMINATIONS FOR THIS EVENT.

**Signature
Parent/ Guardian:**

If sent via email, no signature required

Name:

Date:

WAMBA State Team Medical Information and Parent Consent Form

Applicant's Name	Date of Birth		M	F
			Sex	
Parent's/ Guardian's Name		Parent's/ Guardian's Name		
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, State, Post Code		City, State, Post Code		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact		
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, State, Post Code		City, State, Post Code		

Medical Information

Allergies/ Special Health Considerations

Current Medications (please specify). Check http://www.asada.gov.au/substances/therapeutic_use_exemptions.html and hold the relevant forms (note them above).

Physician's Name	Phone Number	Medicare Number
Insurance Company	Policy Number	

I authorize all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for me or my child and waive my right to informed consent of treatment. This waiver applies only in the event that Primary emergency contact or neither parent/ guardian can be reached in the case of an emergency.

Applicant or Parent's/ Guardian's Signature	Date
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I give permission for my child to travel with the State Team and be in the care of the WAMBA appointed State Team staff. I release WAMBA and individuals from liability in case of accident during activities related to WAMBA, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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WAMBA State Team Filming/ Photographic Consent Form

Event Name:

Date of filming/ photography:

Name of the Applicant to be photographed/ filmed:

I consent to WAMBA and its agents (including without limitation, any photographer, interviewer, creative agency or media organisation) recording images of me or my child at the Event identified above, for promotional purposes.

I consent to these images being used and disclosed to any person or organisation approved by WAMBA, including without limitation, by publishing them as part of a book, poster, brochure or report, newspaper advertisement or article, television advertisement or program, radio advertisement or program and including on the world wide web or any other media.

I agree that the WAMBA and its agents may edit the images prior to publication, as they consider appropriate, without first consulting me.

Applicant or Parent/ Legal Guardian's Consent:

I consent to the above on behalf of myself or my child named in this form.

Signed: _____

Date: _____

Print name: _____

Phone: _____