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**Cross Country ACT Championships**

**Multi Class Nomination Form**

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| --- | --- | --- | --- |
| First Name: |  | Surname: |  |
| Date of Birth: |  | Age (as at 31 Dec): |  |
| Gender: | Male Female |  |  |
| School: |  | School Contact Name: |  |
| School Contact Email: |  | School Contact Phone No: |  |
| Classification: |  | Leave blank if unknown |  |

Please tick the box which indicates the intent of entry. If wishing to be considered for State Team selection the student must compete with only the assistance permitted for their classification. if attending to participate, requirements can be eased, and physical support permitted.

🞏 Participation 🞏 State Team Consideration

To better prepare Event Coordinators to be able to assist the nominated student please provide further information within the table below;

|  |  |  |  |
| --- | --- | --- | --- |
| Impairment Group  (Indicate with an X) | | Details on the support provided to the student by the school at the event | Details on any considerations required from Event Coordinators |
| Physical |  |  |  |
| Intellectual |  |  |  |
| Vision |  |  |  |
| Hearing |  |  |  |
| Transplantee |  |  |  |

**Please attach a copy of the school’s Risk Management document** to the same email as the nomination form. It is to specifically acknowledge and mitigate identified risks for the student and support person whilst at the venue and competing on the course.

**Please email the completed form** back to the Athletics ACT Liaison [school.liaison.aact@iinet.net.au](mailto:school.liaison.aact@iinet.net.au) no later than 5:00pm a minimum of 10 business days prior to the event. Entries received after that date will not be accepted.