



New Zealand Secondary Schools
Athletics Association

I.S.F. World Cross Country Champs 2020 Individual Application form

Please note that completing this form does not mean that selection is guaranteed.

Name:

Phone number home:

Mobile:

Email:

School:

Club:

Date of Birth:

Age at time of 2020 I.S.F. World Champs (19th April 2020):

Placing and Age Group at 2019 NZSSAA Cross Country Champs:

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Other notable achievements/ performances in 2019 that the selectors should be aware of:

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If successful in applying to be part of the NZSSAA Cross Country team that will compete at the I.S.F. World Secondary School Cross Country Champs I agree to the following:

Management

1. That I remain under the control and management of the Team Manager in all respects from the time of departure or at the time I join with the Team Manager to the time that I return to New Zealand and will comply with all reasonable instructions given by the manager during that period. If I wish to leave the group at any time I will ask permission from Team Management and follow their rules.
2. I understand that if I fail to follow the rules given to me by Team Management, he/she has power to take disciplinary action, and in the extreme case this may mean I am sent home to New Zealand.

Uniforms

3. That I will wear the official team uniform as supplied by NZSSAA at any time that is deemed appropriate by the Team Management. This uniform is not to be worn incorrectly or disfigured in any way.

Health and Fitness

- 4. I will inform NZSSAA, or the Team Manager immediately of any injury or illness encountered before or after team departure. I will also inform Team Management of any medication I am taking.

Conduct

- 5. As a representative and ambassador of New Zealand my conduct at all times will be that expected of a mature sensible person. Respect for other people and property is acknowledged. As this is a Schools Team, I understand that school rules will apply in terms of conduct including no alcohol, drugs or smoking.

Signed (athlete): _____

Date: _____

Signed (Parent/care-giver): _____

Date: _____

Please state any medical conditions / medications / dietary requirements Team Management should know about:

Please note that completing this form does not guarantee selection. Athletes will be informed of their selection by a member of the NZSSAA Executive committee.

Once complete please email or post this form to Rhys Taucher by Friday 5th July 2019

rtaucher@sacredheart.school.nz

2/15 Sierra Street, Glendowie, Auckland 1072