



# Nomination form for Health Partners State Relay Championships (U8-U17) Sunday 2<sup>nd</sup> Dec 2018 at SA Athletics Stadium

Please consider your availability on the date of the championship before nominating for selection.

Once you have been selected for a team, you are committing to attending scheduled training sessions and the event.

Late withdrawals can impact on the whole relay team and may mean that other athletes miss out on the opportunity to compete.

The Team composition is constrained by SALAA event specific rules, see [www.salaa.org.au](http://www.salaa.org.au). These include but are not limited to;

- The track relay team must be filled before the field relay team and that an athlete selected for a track relay team cannot participate in the field relay team
- An athlete can only participate in a maximum of two track events
- The field relay team may consist of a maximum of four athletes (one athlete per event) and a minimum of two athletes (two events per athlete)

Teams are selected by the GGLAC Committee. Factors that impact team selection include the availability of athletes, athlete performance and that the track relay takes precedence over the field relay. Athlete performance ranking is derived from performances in the relevant event during the current season.

The Committee makes every effort to ensure that as many available athletes as possible have the opportunity to compete at State Relay Championships. It is acknowledged that in some age groups the number of available athletes may be small or large and as a result athletes may be placed in a medley team or a different age group (where permitted by the SALAA rules).

The decision of the Committee is final.

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**Please return this section as soon as possible and no later than home meet #3 (Sat 27nd Oct)**

Athlete's Name \_\_\_\_\_ Rego No. \_\_\_\_\_

Age Group Under \_\_\_\_\_ Boy / Girl *(please circle)*

Athlete's Name \_\_\_\_\_ Rego No. \_\_\_\_\_

Age Group Under \_\_\_\_\_ Boy / Girl *(please circle)*

My child will be available to compete at State Relay Championships to be held at Athletics SA stadium on  
**Sunday 2<sup>nd</sup> Dec 2018** Yes / No *(please circle)*

I \_\_\_\_\_ *(Name of Parent/Guardian)* will accompany the athlete and fulfil any parent allocation for which I am rostered on the day.

I am/am not *(please circle)* willing to nominate as team manager for the age group above

Signature of parent/guardian \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_