

PEREGIAN BEACH SURF LIFE SAVING CLUB

Carnival Nomination Form - Nippers

Competitors Name: _____ Age Group: _____
 Email: _____ Mobile: _____
 Carnival: _____ Carnival Date: _____

To avoid disappointment - please note the nomination closing date and check the list of events for this carnival before making your selection.

Individual events (please list)

Team events (subject to correct number of team members)

Name of Parent/Guardian who will be attending carnival: _____

Parent/Guardian duty (all parents must participate in carnival duties - please complete one)

<p><u>Official</u> <input type="checkbox"/></p> <p>Accreditation: _____</p> <p>Blue Card No: _____</p> <p>Expiry: _____</p> <p><u>Age Manager</u> <input type="checkbox"/></p> <p>Age Group: _____</p> <p>Blue Card No: _____</p> <p>Expiry: _____</p>	<p><u>Water Safety</u> <input type="checkbox"/></p> <p>Award: _____</p> <p>Blue Card No: _____</p> <p>Expiry: _____</p> <p><u>Other</u> <input type="checkbox"/></p> <p>Position: _____</p> <p>Blue Card No: _____</p> <p>Expiry: _____</p>
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All parents/guardians must hold a current blue card.

Only Team Managers and Age managers are permitted in the competition arena.

Parent/Guardian & Nipper Declaration

We declare that if this nipper does not compete or withdraws from an event at this carnival we shall reimburse Peregian Beach SLSC for any expenses incurred. We understand that nomination cancellations or changes can only be made prior to close of nominations without incurring any expense. We agree to abide by the SLSA Code of Conduct, related policies and carnival rules.

Parent/Guardian Signature: _____ Nipper Signature: _____

NB: Late nominations are possible but incur a fee of \$33/event for individuals and \$55/event for teams – such fees must be paid by the participant/s. Late nominations are not possible for the Branch or State Championships.

This athlete will also be a member of the: (Team Manager to complete this section)

All Age Beach Relay Team (2 members from each age group required)

All Age Wade Relay Team (2 members from each age group required)

March Past Team U11 – U14 (minimum of 12 members required)

Other event – details: _____

Team Manager Signature: _____ Date: _____

This form must be returned to the **TEAM MANAGER** by the due date. The Team Manager will confirm your participation in this carnival when all nominations and support crew have been finalised.