Please return this completed form prior to or by 22 February 2019 to hpadmin@triathlon.kiwi

**Applicant Details**

Name 

Gender (M/F) 

Date of Birth 

Email address 

Parent email  \*Junior applicants only

Residential Address 

Phone Number 

Name of Coach 

**Selection / Competition**

Please tick the below box you want to be considered for

2019 Junior (Elite) World Champs, Lausanne – SWITZERLAND

2019 U/23 (Elite) World Championships, Lausanne – SWITZERLAND

**Eligibility Details**

Yes, I have a current NZ passport

Yes, I have NZ citizenship

No, I don't have a current NZ passport yet but am a NZ citizen

Yes I have done the ITU Pre-Participation Evaluation medical assessment & e-mailed the results/completed forms to hpadmin@triathlon.kiwi.

*\*Please e-mail for the PPE forms if you haven’t completed this compulsory requirement.*

Yes, I have completed either **LEVEL1** or **LEVEL 2** of the Drug Free Sport NZ online education course [click here to begin](https://e-learning.dfsnz.org.nz/login/index.php) (or attended a seminar) and e-mailed a screen shot of the results to hpadmin@triathlon.kiwi

My Tri NZ membership (TRIBE) number is 

I have read and understood the relevant selection policy applicable to the event I want to be considered for on this form and agree to comply with and be bound by the terms of that particular selection policy applicable to me [2019 [Selection](https://triathlon.kiwi/elite-policies-selection-criteria/#1547522088347-d909663c-8247) Policies](https://triathlon.kiwi/elite-policies-selection-criteria/#1547522088347-d909663c-8247)
I acknowledge that it is a condition of my application for selection that I must complete, sign, and return before or by due date (22 February 2019) to Triathlon New Zealand hpadmin@triathlon.kiwi

I have met the **eligibility** requirements specified in the Selection Policy applicable to me.

I will notify Triathlon New Zealand of any changes to my contact details.  I accept that any failure by me to do so may be to my detriment as any announcement regarding selection will be notified to me personally or to at least one of the contact addresses provided.

I agree Triathlon New Zealand may collect personal information about me for the purposes of consideration and selection.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date 

\* If the applicant is under the age of 18 years at the date of completing this form, a parent or guardian of the applicant must sign below.

I/We agree to the above terms and conditions.  All information supplied is true and correct to the best of my knowledge.

Parent / Guardian (if under 18) 

***Please return this completed form to*** ***hpadmin@triathlon.kiwi*** ***on or before 22 February 2019 as a PDF file***

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