



Triathlon New Zealand

2020 Elite Junior & Elite U/23 & Elite World Champs

Nomination Form

Please return this completed form to hpadmin@triathlon.kiwi prior to or by
14 February 2020 – Elite Juniors
15 June 2020 – Elite U/23 & Elite

Athlete Details

Name

Gender (M/F)

Date of Birth

Email address

Residential Address

Phone Number

Name of Coach

Parent email *Junior applicants only

Selection / Competition

Please tick the below box you want to be considered for

- 2020 Junior (Elite) World Champs, Edmonton – CANADA
- 2020 U/23 (Elite) World Championships, Edmonton – CANADA
- 2020 Elite World Championships, Edmonton – CANADA

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 **LEVEL 1** or **LEVEL 2** of the Drug Free Sport NZ online education course [click here to begin](#) (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 [2020 Selection Policies](#)

I acknowledge that it is a condition of my nomination for selection that I must complete, sign, and return this form to hpadmin@triathlon.kiwi before or by **14 February 2020 – Elite Juniors**
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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 athlete is under the age of 18 years at the date of completing this form, a parent or guardian of the athlete 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)

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