



## NOMINATION FORM: **ATHLETE**

By completing the following Form you are nominating as an athlete for the RLSSA Team attending the Commonwealth Lifesaving Championships 2023.

All athletes must be a current member of a Royal Life Saving State or Territory Member Organisation (STMO), and in good standing. The Royal Life Saving STMO will be asked to confirm membership status.

This Nomination Form should be submitted by 11:59pm AEDT, Sunday 26<sup>th</sup> February 2023, via email to the RLSSA National Office: [info@rlssa.org.au](mailto:info@rlssa.org.au)

Athletes will be notified of the outcome of their nomination the week commencing Monday, 6<sup>th</sup> March 2023.

For queries regarding the nomination and/or selection process, please contact the RLSSA National Office:

E: [info@rlssa.org.au](mailto:info@rlssa.org.au)

P: (02) 8217 3111



## NOMINATION FORM: **ATHLETE**

PERSONAL DETAILS			
First Name:			
Surname:			
Email address:			
Date of birth:			
Mobile Number:			
RLS STMO:		RLS Club:	
Home Address:			
Aus Passport Number:		Expiry:	
Pool Lifesaving coach name:			
Coach email address:			
Coach phone number:			



## COMPETITION HISTORY

Please list your top 3 times for the following events, and date achieved:

200m Obstacles	1.	Date	100m Manikin Tow	1.	Date
	2.	Date		2.	Date
	3.	Date		3.	Date
12.5m Line Throw	1.	Date	50m Manikin Carry	1.	Date
	2.	Date		2.	Date
	3.	Date		3.	Date
100m Manikin Carry (fins)	1.	Date	200m Super Lifesaver	1.	Date
	2.	Date		2.	Date
	3.	Date		3.	Date
100m Rescue Medley	1.	Date			
	2.	Date			
	3.	Date			



Please list your swimming and lifesaving achievements over the past 5 years including team or squad selections, records, and/or awards:



Please list and provide details of any international sport teams or tours that you have participated in (may include sports other than lifesaving):

Outside of your participation as an athlete, please list and describe any lifesaving activities you are involved with (RLSSA or SLSA), including coaching, mentoring, leadership or volunteering:

Please describe your motivation for nominating for the RLSSA Team and lifesaving aspirations:

### NOMINEE DECLARATION

I declare that:

- All information provided on this nomination form is correct;
- I am a current and financial member of a Royal Life Saving State or Territory Organisation, and in good-standing;
- I meet the eligibility criteria set out in Selection Policy;
- I have read, understood and accepted the Selection Policy;
- I understand that my selection to the RLSSA Team is subject to return of the signed Athlete Agreement following my selection by the specified date.

Nominee Signature:		Date	
Parent/Guardian Signature of athlete (if under 18 years)	NAME:  SIGNATURE:	Date	

Please email completed Nomination Forms to [info@rlssa.org.au](mailto:info@rlssa.org.au).  
Please include in the SUBJECT line: Athlete Nomination Form – CLC2023.