



ROYAL LIFE SAVING AUSTRALIA

Draft application form- Individual Athlete

Name: _____

Address: _____

Date of Birth: _____

Contact Numbers: Home phone: _____

Mobile: _____

Current Email Address: _____

Sex: (please circle) Male / Female

Age Group you are nominating for: (please circle) Under 16 Under 19 Open

Are you willing to compete up an age group if necessary? (e.g., A 15 year old competing in the Under 19 age group) Yes / No

Once the Draft is complete, you will be notified of the team you have been allocated to and your details will be forwarded to the respective Team Manager.

I agree to abide by all of the conditions outlined in the attached document outlining the Draft titled 'Australian Draft System' and confirm that I meet the entry requirements.

Signed: _____ Date: _____

If you are under 18 years of age, please ensure the form is endorsed by your parent / guardian

Name: _____

Signature: _____ Date: _____

This Form must be endorsed by your "Home" Branch.

Name: _____ Position: _____

Signature: _____ on behalf of the RLSSA _____ Branch

Please return this form to the RLSSA National Office

Email: sport@rlssa.org.au