

INDIVIDUAL CLEARANCE FORM **AUTHORISATION TO COMPETE ABROAD**

Clearance is sought for (name)		Born on:				
who is a registered member of the:			Swimming Association			
_	(St	tate Association)	_			
which is affiliated to	Swimming Austra	alia Ltd, is authorise	ed to take part in the fo	ollowing competition	is:	
Name of Meet		Date of Meet	Date of Meet		Type of Meet (Open or Age Group	
The Country/s and Cit	ties he/she propo					
☐ Received inv☐ Educational☐ Family relocation	NA Points score (itation from mee (name of institut	(complete below ta et organisers (Attac ion attending) ommitments (outlin	able) h invitation)			
			st meet they're attend		T EDG	
Name of Athlete	Event	Time	Date Achieved	Place Achieved	FPS	
Period of clearance is	From:		To:		_	
This group of athlete the country where th	_	-	Organisation, which go	overns amateur swir	mming in	
Approved by State As	ssociation	А	approved by Swimming	g Australian Ltd		
Signature:						
Print Name:						
Title:						
Date: NB. This authorisation	n is only valid for	 the period shown.				









