

TEAM CLEARANCE FORM AUTHORISATION TO COMPETE ABROAD

	rimmers listed on Attachment e registered members of the:_	Swimming Association			
which i	s affiliated to Swimming Austra	(State Association) alia Ltd, are authorised to	take part in the following competitions:		
Name	e of Meet	Date of Meet	Type of Meet (Open or Age Group)		
The Co	puntry and Cities they propose				
Please	stipulate how the athlete/s me	eet the SAL Clearance Po	blicy		
	Received invitation from meet organisers (Attach invitation)				
	Received invitation from mee	et organisers (Attach invit	ation)		
	Educational (name of institut	ion attending)			
	Family relocation for work co	mmitments (outline below	v)		
	Family Holiday (complete att	achment A)			
Period	of clearance is From :	То:			
	roup of athletes agree to ob ning in the country where th		rganisation, which governs amateur		
Ар	proved by State Association	Approved by Sw	vimming Australian Ltd		
Signati	ure:				
Print N	ame:				
Title:					
Date: NB.	This authorisation is only	valid for the period show	'n.		



PRINCIPAL PARTNERS



PARTNERS



Attachment A THIS FORM MUST BE COMPLETED AND RETURNED WITH: SWIMMING AUSTRALIA TEAM – CLEARANCE FORM

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	Best performance of athlete in 12 months prior to date of first meet team/swimmer is attending (1 event only)					
Name of Athlete	Event	Time	Date Achieved	Place Achieved	FINA Points Score	

NOTE:

- Points must be achieved in the 12 months prior to the first day of the meet the team/athlete is planning to attend.
- This form must be completed fully and submitted at least 6 weeks before the departure date of the team/swimmer.



PRINCIPAL PARTNERS

