

TEAM CLEARANCE FORM AUTHORISATION TO COMPETE ABROAD

The swimmers	iisted on Attachmen	t A,							
who are registe	red members of the:	(State Association)	Swimming Association						
			ake part in the following competitions:						
Name of Meet	-	Date of Meet	Type of Meet (Open or Age Group)						
	·								
	nd Cities they propose	e to visit are:							
Please stipulate	how the athlete/s m	eet the SAL Clearance Poli	су						
☐ Meets the FINA Points score (complete attachment A)									
☐ Received invitation from meet organisers (Attach invitation)									
□ Educat	ional (name of institut	tion attending)							
☐ Family	☐ Family relocation for work commitments (outline below)								
☐ Family Holiday (complete attachment A)									
Period of cleara	ance is From :	To: _							
		serve the rules of the Org ne competition is held.	ganisation, which governs amateur						
Approved I	by State Association	n Approved by Swir	mming Australian Ltd						
Signature:									
Print Name:									
Title:									
Date:									
NB. This au	thorisation is only val	lid for the period shown.							





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

AUTHORISATION TO COMPETE ABROAD

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

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.

