**TOWNSVILLE SCHOOLS ATHLETICS - 2023**

***CROSS COUNTRY NOMINATION FORM "A B C” SCHOOLS***

**Close of Nominations: Names of Officials – email by Monday 15 May**

**twils129@eq.edu.au** **(Toni Wilson)**

**Names of Competitors** (this form)

**emailed to Toni Wilson**

 **by 3.00pm on Friday 19 May, 2023**

**SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* All events are by year of birth \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Boys****10 Years*****Yellow Tape*** |  |  |  |  |  |
| **Boys****11 Years*****Green Tape*** |  |  |  |  |  |
| **Boys****12 Years*****Blue Tape*** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Girls****10 Years*****Yellow Tape*** |  |  |  |  |  |
| **Girls** **11 Years*****Green Tape*** |  |  |  |  |  |
| **Girls** **12 Years*****Blue Tape*** |  |  |  |  |  |

**Multi Class Nominations**: **Red Tape**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **Date of Birth** | **Classification** |
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**DECLARATION OF MEDICAL CONDITION, FITNESS AND PRINCIPAL'S PERMISSION**

***FOR THIS NOMINATION TO BE ACCEPTED, THE SECTION BELOW MUST BE SIGNED***

I hereby give permission for the above students to compete in the Interschool Cross Country. These students also have the permission of their parents to compete.

We declare that the students nominated above are, to the best of our knowledge, **medically fit** to complete the course. **They have completed a supervised conditioning program**.

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 **Team Manager Date School Principal**