



APPLICATION / AGREEMENT
State Team Coaches and Officials

1. I hereby make application for the following State Team position. (You may mark more than one position. If so, indicate by number the order of preference with '1' being the most preferred, '2' second preference, etc. Shaded positions have been filled).

COACH: Mens 35 [] Mens 40 [] Mens 45 [] Mens 50 [] Mens 55+ [] Womens 30+ []
MANAGER: Mens 35 [] Mens 40 [] Mens 45 [] Mens 50 [] Mens 55+ [] Womens 30+ []

2. 1ST & 2ND NAMES: SURNAME

3. ADDRESS FOR CORRESPONDENCE: PCode.....

EMAIL:

PHONE NO: (Home) (Work) (Mobile).....

4. STATE YOUR AGE: DATE OF BIRTH: SEX:.....

5. State name of Club/Centre you are currently involved with (doesn't apply to Masseurs):

6. Tick the box to indicate you have checked you are available on the competition dates..... []

7. Tick the box to indicate your understanding that you are required to cover your own health costs if injured during training, playing or carrying out official duties..... []

8. NEXT OF KIN IN CASE OF EMERGENCY:

First Name: Surname:

Address for Correspondence:

Phone Nos: (Home) (Work)..... (Mobile).....

9. MEDICAL BACKGROUND: Please state if you are subject to any medical treatment or physical ailment that team management should be aware of in the event of sudden illness or injury (eg. asthma sufferer, special diet, travel sickness, diabetic).

10. GIVE REASONS WHY YOU SHOULD BE APPOINTED (attach separate sheet if more space is required).

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11. AGREEMENT: I hereby acknowledge that I am bound by Indoor Sports Victoria's rules applying to the selection, preparation and management of State Teams and agree to abide by them.

SIGNATURE: DATE: