



NOMINATION KIT
2016 Boccia South Australia
State Titles

Netball SA Stadium, Mile End
Saturday 27 February 2016



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THE EVENT

The 2016 Boccia SA State Titles will be held at the Netball SA Stadium, Railway Terrace, Mile End.

The State Titles will include only a singles competition. It is very possible that some classifications will be combined and competing against each other. The final competition structure (round robin or pool play) will be determined by the number of entries received and will be advised prior to the event.

It is the responsibility of the athlete to provide all playing equipment required, including a ramp assistant.

QUALIFYING STANDARDS

This competition is open to all Boccia players from novice through to elite level. Athletes must be a current financial member of Boccia Australia and their respective state's Boccia organisation and must be participating regularly in Boccia events.

NOMINATIONS

To nominate for this event, please complete the enclosed nomination form and return it with the nomination fee of \$50 per player by **Friday 5th February 2016**. Once the nomination is received a confirmation letter will be emailed to competitors with more details surrounding the event.

STATE TEAM SELECTIONS

This event will serve as the qualifying event for the State Team to represent South Australia at the 2016 Boccia Australia National Titles in the end of April 2016. Selection of the team to represent South Australia will be made by a selection panel (one BSA representative, one Head Coach and one Tournament Director) with announcements made after the state titles.

TRANSPORT AND ACCOMODATION

Boccia SA will be able to provide some support to interstate athletes with ground transport and finding suitable accommodation. Information will be discussed with interstate athletes once they have nominated to compete in the event.



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MEALS

The venue canteen will be open for the duration of the event. Alternatively, you may bring your own lunch for the day. All meals are the responsibility of the individual.

AWARD CEREMONY

At the closing of the event there will be an awards ceremony where medals for each placing in all classes as well as the *Referees' Best and Fairest* award will be presented.

VOLUNTEERS

Volunteers are needed to fill in various positions for this event. If you have a couple of hours to spare, or know someone who does, please call Vicki Mutton on 0459 606 029 or email info@bocciasouthaustralia.org.

REFUNDS

Competitors wishing to withdraw from the event may receive a full nomination refund up until Thursday 18th February 2016. There will be no refunds after this date.

Please note: all withdrawals must be in writing. Withdrawals due to illness or injury must be accompanied by a medical certificate.

ENTRY FEES / HOW TO ENTER

NOMINATION FEE: \$50 per person

Complete and sign the nomination form and legal declaration. All sections need to be completed so the nomination can be processed. Send the form and payment to:

Boccia South Australia
PO Box 12019, Sturt Street, SA, 5000
Email: info@bocciasouthaustralia.org

NOMINATIONS CLOSE: Friday 5th February 2016 @ 5pm



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INDIVIDUAL NOMINATION FORM

Name: _____ Gender: M / F
 Address: _____ Postcode: _____
 Date of Birth: / / Phone (H): _____
 Email: _____ (M): _____

PAYMENT SECTION

Nomination Fee: \$50 per person, GST free \$ _____

Late Fee: \$30 per person, GST free \$ _____

TOTAL: \$ _____

Payment Options (please tick one)

- Cash payment made to the Boccia SA Treasurer in person (please do not send cash in the mail).
- Cheque/Money order enclosed (payable to Boccia SA).
- Direct Deposit to Boccia SA, BSB: 105-131, Account: 611-865-40
 - Via Internet: please use your surname, initial and event as the reference.
 - At a branch: please call the Boccia SA Treasurer, Colleen O'Neill, on 0411 030 355 and a reference number will be given to you.

OFFICE USE ONLY

Name of event:		
Amount Received:	\$	
Receipt No.:		
Date Received:		

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CLASSIFICATION

Disability Category:

- Cerebral Palsy
 Muscular Dystrophy
 Wheelchair
 Amputee
 Able Bodied
 Other: _____

I HAVE BEEN CLASSIFIED Yes No

Date Classified: / / Classification:

I HAVE NOT BEEN CLASSIFIED Yes No

If classification is unknown, describe disability e.g. below knee amputee, CP standing left side affected:

STATE TEAM SELECTION

Have you competed in a social/local competition this season?

- Yes No

If yes, please note which competition/event it was: _____

Are you available to attend the Boccia Australia National Titles?

- Yes No

EMERGENCY CONTACT

Next of Kin:

Relationship:

Contact Number:

OR

GROUND TRANSPORT (Interstate competitors only)

Will you require Ground Transport? Yes No

Assistance required (please tick one):

- I can get in and out of any vehicle (eg minibus) unassisted.
 I can get in and out of any vehicle with assistance, or a car without assistance.
 I can only get in and out of a car, with assistance.
 I can only get in and out of a car, with a ramp or chair lift.

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ACCOMMODATION

Do you require Accommodation? **Yes** **No**

Dates accommodation required: IN: _____ OUT: _____

Room Type: **Single** **Twin** **Double** **Villa** **Any**

Do you have any special requirements (eg Plastic Chair)? _____

I understand that Boccia SA will NOT make arrangements for myself and supporters accommodation based on the information provided by me. But that Boccia SA will use this information to provide support to me when making these arrangements. I understand that I will be responsible for all costs incurred with booking transport and accommodation.

Signed _____ Date _____



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ATHLETE DECLARATION AND INDEMNITY

This waiver must be signed by all competitors.

1. I, whose signature appears on the bottom hereof in consideration of and as a condition of acceptance of my entry in the 2016 Boccia South Australian State Titles or associated event for myself, my heirs, executors and administrators hereby waive all and any claim, right of cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever, which I may suffer or sustain in the course of or consequent upon my entry or participation in the above event. I will abide by the Competition Rules governing these events.

2. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of the event and the servants agents; representatives and officers of any of them and includes, but is not limited to Boccia South Australia, Event Sponsors, Producers, Directors, Volunteers and Officials.

3. I attest that I am physically fit and have sufficiently trained for competition of the entered events.

4. I consent to receive medical treatment, which may be advisable in the event of illness or injuries suffered by me during this event.

5. I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event or the Association.

6. Should the event be cancelled for any reasons I understand that entry fees will not be refunded and that no liability of any kind will attach to any person, corporation or body involved or otherwise engaged in promoting or staging of the event.

7. Safety precautions undertaken by qualified officials are a service to me and other competitors but are not a guarantee of safety. I agree to abide by the conditions of the events as stated in the declaration above and upon literature and other material distributed in connection with the events.

SIGNATURE: _____ DATE: ____/____/____

DECLARATION FOR MINORS (under 18) must be signed by parent/guardian.

Parent/Guardian Signature: _____ DATE: ____/____/____



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MEDICAL RECORD FORM – CONFIDENTIAL

Name:		Date of Birth:	/	/
Address:				Postcode:
Phone (H):		(M):		
Disability:				
Next of Kin:		Relationship:		
Phone (H):		(M):		

- I have no current medical problems
- I have been passed 'medically fit' by a doctor on (date) / /
- I have a minor medical problem(s) – details are listed below
- I have a major medical problem for which:
 - I am currently under a doctor's treatment
 - I am currently managing myself – details are listed below
- I have special medical requirements – details are listed below

Details:

Medical History (please indicate any specific and recent medical history):

Allergy Details (to medication, food, bee stings etc):

Signature: _____

Date: / /

(Parent/Guardian if under 18)