

**2018 GOLD COAST COMMONWEALTH GAMES
ATHLETE APPLICATION FORM FOR NOMINATION/SELECTION**

Please complete and return to Carmen Rennie, Project Manager ("SOCGA") (carmen.rennie@socga.org.sz) by Wednesday, 3rd August 2017.

Full Legal Name of Athlete (as per passport)

Surname:

First Name:

Preferred Name of Athlete (to be displayed on results, accreditation, website etc.)

Surname:

First Name:

Personal Details:

Date of Birth:

Gender: M / F

Postal Address:

Postcode:

Email Address:

Home Phone:

Mobile:

I apply to be considered for nomination and selection to the Swaziland Team to compete at the 2018 Gold Coast Commonwealth Games in the sport of:

Sport: _____

Event: _____

In applying to be considered for nomination and selection to the Team, I **acknowledge, agree and declare that:**

- (a) I have been provided with access to a copy of the Agreement between the SOCGA and my NF ("SOCGA/NF Agreement"), the SOCGA Selection Policy and, once confirmed, my NF's Nomination Criteria for the 2018 Commonwealth Games, via the

SOCGA website www.socga.org.sz. I agree to comply with and be bound by the terms outlined in these documents.

- (b) My application will be considered and determined in accordance with the SOCGA/NF Agreement. In particular, I acknowledge that any right of appeal and the process for such an appeal in relation to nomination or non-nomination or selection or non-selection must be exercised in accordance with the SOCGA/NF Agreement.
- (c) If the NF certifies this Athlete Application as correct, as a condition of my nomination I must complete, sign and return in the manner and by the time instructed by the SOCGA, an Athlete Agreement which will come into effect only if and when I am selected by the SOCGA to the Team.
- (d) The decision whether or not to nominate me to the SOCGA for selection to the Team is subject to the Nomination Criteria for my NF and is at the discretion of the NF.
- (e) In the event that the NF nominates me to the SOCGA for selection to the Team, I understand I am not guaranteed to be selected. The decision whether or not to select me in to the Team is subject to the SOCGA Selection Policy and is at the sole discretion of the SOCGA.
- (f) I understand I can obtain copies of the NF Anti-Doping rules/policy, the SOCGA's Integrity Regulation, and the CGA Anti-Doping Code/Rules from my NF, the SOCGA, and/or Drug Free Sport SWZ and I agree to be bound by them.
- (g) I have not used or administered any substance which, if it had been detected as being present in my body tissue or fluids, would have constituted doping. Further I have not used any method prohibited or committed any other doping offence, under the NFs, IFs or SOCGA's doping rules/policy.
- (h) I have not breached any rules and regulations of the NF, the IF, the CGA, or the World Anti-Doping Agency, and no disciplinary or doping process is pending against me.
- (i) I am a member of the NF or one of the members of its affiliated organisations (e.g. a member club).
- (j) I have, or by 5 September 2017 will have, provided my name and contact address details to SOCGA for the purpose of out-of-competition drug testing by NADO.
- (k) I am not currently suffering any physical or mental impairment that might prevent me from competing in the Games to the highest possible standard.

- (l) I am a Swaziland citizen, I hold a Swaziland passport, and I meet the requirements of the Bylaw to Rule 41 of the Olympic Charter (see Schedule D).
- (m) I have met any eligibility requirements of the IF and CGA for participation in the Games and will fully complete an CGA Games entry form, prior to the date specified by the SOCGA.
- (n) I am not currently under disqualification or suspension under the rules of the NF or the IF.
- (o) I declare that I have not been convicted of a criminal offence. I further declare that no charge in respect of any criminal offence punishable by a term of imprisonment is pending against me.

OR (strike out which is not applicable)

I have been convicted of a criminal offence or have charges for a criminal offence pending and below provide complete details of the nature and dates of the offence(s):

.....

- (p) I will notify the NF of any changes to my contact details as set out above. Any failure by me to do so may be to my detriment as any announcement regarding the nomination and selection of the Team will be notified to the details provided.
- (q) I agree to collection of personal information about me, including my name, contact details, my sport, size of clothing, biographical details, photos and associated imagery, the results of any health/medical examinations undertaken to assess my fitness, and the usage and storage of such information by SOCGA at its offices, for the purposes of consideration of nomination (if any) by the NF and selection (if any) by the SOCGA.
- (r) I also agree to the disclosure of personal information about me (as set out in (q) above, to NADO for the purpose of out of competition drug testing and to the Games' organising committee for the purpose of providing potential entry information and reservation of quota spots.
- (s) I have been invited to take independent advice on the terms of this Athlete Application and its implications, and I have been given reasonable opportunity to do so.
- (t) If you have not met ALL of the above conditions, please provide explanation below:

.....

Signed: **Dated:**

If the athlete is under the age of 18 years as at the date of signing this form, it must be signed by the parents/guardians/caregivers of the Athlete as set out below. Please note if the parents/caregivers of the athletes have signed where an athlete is under 18, the athlete does not need to sign.

I/We are the parents/guardians/caregivers of the athlete, and we acknowledge we have read and understood the Athlete Application and consent to the conditions specified in this Athlete Application. We also consent to our names, as detailed below being collected, held and used, as parents/guardians /caregivers of the Athlete.

Signed: **Dated:**

(Parent/Guardian)

Name:

(Print name)

Signed: **Dated:**

(Parent/Guardian)

Name:

(Print name)

CERTIFICATION BY NF

I,, (Name), (Position),

am duly authorized on behalf of (“the NF”) to certify that the above Athlete:

Please circle or strike out as appropriate

- is a member of the NF or a member of one of its affiliated organisations
Correct/Incorrect

- to the NF’s knowledge, has not breached any rules or regulations of the NF, the IF, the CGA, or the World Anti-Doping Agency Correct/Incorrect

- is not currently under disqualification or suspension under the rules of the NF or the IF Correct/Incorrect

Signed:

Date:

OTHER APPLICABLE DOCUMENTS (all located at www.socga.org.sz)

- Policy and General Eligibility & Selection Criteria for Multi-Coded Games

- Gold Coast 2018 Selection Policy

- NF Nomination Criteria

- Athlete Application Form for Nomination

- Athlete Agreement