

APPENDIX 1



PNZ ATHLETE APPLICATION FORM

NEW ZEALAND PARALYMPIC GAMES TEAM

PARALYMPIC GAMES, LONDON 2012

ATHLETE APPLICATION FORM FOR NOMINATION / SELECTION

To be considered for nomination and selection to the New Zealand Paralympic Team ("Team") to compete at the London 2012 Paralympic Games ("Games"), this form must be completed, signed and returned to:

Fiona Pickering
Chief Executive
Paralympics New Zealand
PO Box 99178
Newmarket 1149
Auckland

by no later than 15 December 2011

Please print or type

Full name as per passport

1. SURNAME: FIRST NAME(S):

Full preferred name (as to be displayed on results, accreditation, website etc)

2. SURNAME: FIRST NAME:

3. ADDRESS:

.....

4. DATE OF BIRTH: E-MAIL:

5. TELEPHONE: (HOME).....(MOBILE).....

I apply to be considered for nomination and selection to the to compete at the Games in the sport of _____ ("Sport")

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

- I have been provided with access to a copy of:
 - the Paralympics New Zealand Inc. ("PNZ") Selection Regulation for the London 2012 Paralympic Games ("PNZ Selection Regulation"); and
 - the Nomination Criteria (as set out in the PNZ Selection Regulation) for my Sport;

via the PNZ website (www.paralympics.org.nz), and I agree to be bound by the terms of these documents.
- My application will be considered and determined in accordance with the PNZ Selection Regulation.
- Any right of appeal and the process for such an appeal in relation to my non-nomination or non-selection must be exercised in accordance with the procedures set out in the PNZ Selection Regulation.
- If PNZ (in consultation with the relevant Sports Organisation ("my Sports Organisation")) certifies that this Athlete Application is correct, I agree to complete, sign and return to PNZ prior to the Nomination Date an Athlete Agreement which will come into effect **only if and when** I am selected by PNZ to the Team.

- The decision whether or not to nominate me to PNZ for selection to the Team is subject to the Nomination Criteria for my Sport and is at the discretion of the sport specific selectors of my Sports Organisation ("SSS").
- In the event that the SSS nominate me to PNZ for selection to the Team, I acknowledge that I am not guaranteed to be selected. The decision of whether or not to select me in the Team is subject to the PNZ Selection Regulation and is at the discretion of the PNZ Panel.
- I am a member of my Sports Organisation.
- I have met all the eligibility requirements of the International Paralympic Committee ("IPC") (as specified on the IPC website (www.paralympic.org), including the sport-specific classification and designated classification, and any other applicable International Federation ("IF") requirements for participation in the Games.
- I am a New Zealand citizen and hold a New Zealand passport.
- I have not breached any rules and regulations of my Sports Organisation, PNZ, the IF, the IPC or the World Anti-Doping Agency ("WADA").
- I am not currently disqualified or suspended under the rules of PNZ, the IF, the IPC or WADA.
- I am not currently suffering any physical or mental health impairment that might prevent me from competing in the Games to the highest possible standard.
- I have not acted in any manner to bring myself, my Sport, my Sports Organisation or PNZ into public disrepute.
- I have not committed any anti-doping offence as defined in the anti-doping policies of my Sports Organisation, PNZ, the IF, the IPC or Drug Free Sport New Zealand ("DFSNZ").
- I have registered my name and contact address details with DFSNZ for the purpose of out of competition drug testing.
- I have agreed to be available for drug testing by DFSNZ and/or any other recognised drug testing authority, and have, and will, comply with the Sports Anti-Doping Rules issued by DFSNZ and adopted by PNZ, including (if requested) registering with WADA and providing accurate up-to-date whereabouts information in accordance with the World Anti-Doping Code.

- I can obtain the Sports Anti-Doping Code and copies of the anti-doping rules, regulations and policies of my Sports Organisation, PNZ, DFSNZ, the IF and the IPC and I agree to be bound by them.
- I have / have not (*strike out as appropriate*) been convicted of a criminal offence punishable by a term of imprisonment. The offence concerned was as follows (*complete nature and date of offence(s) where applicable*):

- I further declare that no charge in respect of any criminal offence punishable by a term of imprisonment, or anti-doping violation, is pending against me.
- I will notify PNZ of any changes to my contact details as set out above. Any failure by me to do so maybe to my detriment as any announcement regarding the nomination and selection of the Team will be notified to these details.
- I agree to the collection of personal information about me, including size of clothing, biographical details, photos and associated imagery, the results of any health/medical examinations undertaken to asses my fitness, and the usage and storage of such information, for the purposes of consideration of nomination (if any) by my Sports Organisation and selection (if any) by the PNZ.
- 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 so.

Signed:_____
NAME_____
SIGNATURE_____
DATE

In the case of an athlete under 18 years of age as at the date of signing this Athlete Application, it must be signed by the parent(s) or guardian(s) of the athlete.

I/We are the parents/guardians of the athlete, and we acknowledge and agree to the acknowledgments and conditions specified in this form.

NAME (Parent/Guardian)_____
SIGNATURE (Parent/Guardian)