

## INDIVIDUAL CLEARANCE FORM AUTHORISATION TO COMPETE ABROAD

Clearance is sought for (name)	ce is sought for (name)Born on:			
who is a registered member of the:Swimming Association (State Association) which is affiliated to Swimming Australia Ltd, is authorised to take part in the following competitions:				
Name of Meet Date of Mee			Type of Meet (Open or Age Group)	
The Country/s and Cities he/she propose	to visit are:			
Please stipulate how the athlete/s meet the SAL Clearance Policy   Meets the FINA Points score (complete below table)   Received invitation from meet organisers (Attach invitation)   Educational (name of institution attending)   Family relocation for work commitments (outline below)   Family Holiday (complete below table)				
Best performance by athlete in 12 months Name of Athlete Event	s prior to the first m Time	neet they're attendin Date Achieved	ng (1 event only) Place Achieved	FPS
Period of clearance is From:To:				
This group of athletes agree to observe the rules of the Organisation, which governs amateur swimming in the country where the competition is held.				
Approved by State Association	Appr	oved by Swimming	Australian Ltd	
Signature:				
Print Name:				
Title:				
Date: NB. This authorisation is only valid for the	period shown.			

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