



2019 ALL SCHOOLS TRACK RELAY CHAMPIONSHIPS

TEAM CHECK IN FORM



SCHOOL: _____ TEAM: (e.g. "A", "B", "C" etc) _____

EVENT No: _____ EVENT: _____ Age Group: _____ Gender: _____

Schools must nominate a team of four (4) and up to two (2) emergencies. All information on this form must be completed and handed to Administration in the Team Check-In Area (upstairs in the Main Grandstand) at least **90 MINUTES PRIOR** to the first round of the event on the day.

SUBSTITUTIONS Any substitutions to the initial team of four (4) **must** be made by completing a Substitution Form - these are available at Administration. Only two (2) substitutions are permitted per team and the running order cannot be changed.

****Date of birth must be completed for all athletes***

*Athletes born in: 2000 & 2001 compete in the UNDER 20 age category
2002 & 2003 compete in the UNDER 18 age category
2004 & 2005 compete in the UNDER 16 age category
2006, 2007 etc compete in the UNDER 14 age category*

LEG	SURNAME	FIRST NAME	DATE OF BIRTH
Team may not be accepted if this form is <u>NOT</u> filled out correctly with <u>ALL</u> information required.			
1			
2			
3			
4			
EMERGENCY			
EMERGENCY			

Team Manager Signature: _____

CHECK IN FORMS MAY BE SCANNED AND E-MAILED TO ATHLETICS VICTORIA UP UNTIL **12:00PM**, Monday 2nd September.
E-MAIL: summer@athsvic.org.au
 IF TEAM SHEETS ARE NOT E-MAILED IN BY THIS TIME PLEASE BRING THEM **90 MINS PRIOR** TO THE FIRST ROUND OF THE EVENT ON THE DAY.