# C:\Users\craig.wallace\AppData\Local\Microsoft\Windows\INetCache\Content.Word\AV-Schools-Vertical-white.pngnewlogo2007_original2021 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: 2002 & 2003 compete in the UNDER 20 age category*

*2004 & 2005 compete in the UNDER 18 age category*

*2006 & 2007 compete in the UNDER 16 age category*

*2008, 2009 etc compete in the UNDER 14 age category*

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

CHECK IN FORMS MAY BE **SCANNED AND E-MAILED** TO ATHLETICS VICTORIA UP UNTIL 11:59AM, Monday 6th September.

**E-MAIL:** [**sportdelivery@athsvic.org.au**](mailto:sportdelivery@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.

# Team Manager Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_