



Nomination Form



NSW ABORIGINAL BAREFOOT SPRINT CHAMPIONSHIP 2016

NSW KNOCKOUT HEALTH CHALLENGE
Our Culture, Your Health, Strong Communities



NSW KNOCKOUT HEALTH CHALLENGE PROJECT

The NSW Knockout Health Challenge Project is a primary prevention program in partnership with the NSW Office of Preventive Health and our partner NSW Rugby League.

The Challenge aims to engage Aboriginal communities to target health priorities of physical activity and obesity. The Challenge provides a structure which supports Aboriginal communities to make local decisions about physical activity and nutrition activities that will work for their community.

NSW ABORIGINAL BAREFOOT SPRINT CHAMPIONSHIP 2016

The NSW Office of Preventive Health is the major sponsor of the NSW Aboriginal Barefoot Sprint Championship 2016. This is being held in conjunction with the NSW Aboriginal Rugby League Knockout Carnival 2016 being hosted by Redfern All Blacks Rugby League Football Club.

TEAM NOMINATION INSTRUCTIONS

Eligible teams will need to nominate individual representatives from their community in the nominated event as per the nomination form.

All information needs to be completed and submitted by the nominated deadline being **12pm on Friday 30th September 2016**

TEAM AND INDIVIDUAL ELIGIBILITY

1. NSW Aboriginal Rugby League Teams competing in the NSW Aboriginal Rugby League Knockout Carnival 2016
2. NSW Aboriginal Community-Based Teams who competed in the NSW Knockout Health Challenge Project 2016

EVENT INFORMATION

1. Event Distance: 100 Metres
2. Event Results: Sprinter's place and progression from Heats to Semi-Finals and Finals will be based on sprinter's times as determined by event officials.

EVENT PROGRAM

Saturday 1st October

Round: Heats

Start: 10am

Finish: 3pm

Venue: Leichhardt Oval No.3

Sunday 2nd October

Round: Semi Finals

Start: 11am

Finish: 3pm

Venue: Leichhardt Oval No. 3

Monday 3rd October

Round: Finals

Start: 10am

Finish: 3pm

Venue: Leichhardt Oval

EVENT PRIZE MONEY

Juniors Male & Female

1st Place **\$1,000**

2nd Place **\$500**

3rd Place **\$250**

Opens Male & Female

1st Place **\$2,500**

2nd Place **\$1,000**

3rd Place **\$500**

Seniors Male & Female

1st Place **\$1,000**

2nd Place **\$500**

3rd Place **\$250**

LODGEMENT OF NOMINATIONS

All nominations will need to be lodged by **12pm on Friday 30th September 2016**

Fax: **(02) 8738 6371**

Email: **Anthony.Carter@sswahs.nsw.gov.au**

Further Information

Contact: **Anthony Carter**, NSW Office of Preventive Health via telephone **(02) 8738 8842** or Email

TEAM NOMINATION AND DECLARATION

Team Name _____

I represent the above named Team and declare, as a condition of our participation in the NSW Aboriginal Barefoot Sprint Championship 2016 that:

1. I have not registered with any other Team that is likely to be participating in this Event.
2. I am aware of the inherent risk involved in participating in the Event and I knowingly assume those risks.
3. I hereby release and indemnify the Redfern All Blacks Rugby League Football Club and any other governing body from and against all claims, losses and liabilities for personal injury (including death) and loss or damage to personal property arising out of or in connection with my participation in the Event.

EVENT NOMINATION

	NAME	PHONE	SIGNATURE	DoB
Juniors (17 and Under)				
Male				
Parent / Guardian				
Female				
Parent / Guardian				
Email				
Open (18 & Over)				
Male				
Female				
Email				
Seniors (45 & Over)				
Male				
Female				
Email				

Aboriginality Declaration

I declare that all nominees listed above are of Aboriginal and/or Torres Strait Islander Descent.

Film and Photography Permission

I declare that all nominees listed above have consented for their photograph and image to be reproduced / published / disseminated / distributed via electronic and/or other form, to be shown and/or heard in public via television, newspaper, magazine, internet or other means, to be used by NSW Health and other agencies of the Crown. (You will be informed prior to release)

Team Official Authorisation

Manager Name _____ Signature _____
Phone _____ Email _____
Date _____

Delegate Name _____ Signature _____
Phone _____ Email _____
Date _____