



ParaQuad

Tasmania 2019 Bocchia State Titles

Elphin Sports Centre, Launceston, Tasmania

30 -31 March 2019





Event Registration Pack

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Timetable

<u>Friday 29 March 2019</u>	Elphin Sports Centre	2.00 -4.00pm	Practice Session
<u>Saturday 30 March 2019</u>	– Elphin Sports Centre	8.00am – 8.30am	Registration
<u>Saturday 30 March 2019</u>	– Elphin Sports Centre	9.00 am – 5.00pm	Ranking Rounds
<u>Sunday, 31 March 2019</u>	– Elphin Sports Centre	8.00 am – 1.00pm	Medal Rounds (If Required)

Venue

Elphin Sports Centre

Racecourse Crescent, Launceston Tasmania

<https://goo.gl/maps/bnF3gQnyn5E2>

ParaQuad 2019 Tasmanian Boccia State Titles



Competition

Competition Structure

Individual divisions of play: BC1, BC2/BC4/BC5/EMU, BC3.

The finishing position in all pools for each classification will be determined as by BISFed rules.

Note: Depending on number of registrations the BC1/BC2 and the BC4/BC5/EMU may be divided into two separate throwers competitions.

Classification

There will be no official classifiers at this event so any potential new athletes will be classed into a classification in which the event coordinator decides, and all competitors shall respect this circumstance.

Eligibility

Competitors **MUST** be current and financial of their state or local boccia organisation.

Registration

Deadline

The close date for registrations is **Friday 1st March 2019**. No late entries will be accepted.

**Be sure to register early in order to help our organisers determine the program for each classification*

Fees

Registration fees are \$50.00 per competitor. An invoice will be issued upon receipt of registration forms. Payments will not be accepted at the event.

Flights and Accommodation

Competitors are responsible for their own flights and accommodation.



Ready to Register?

Please review the checklist of items you will need to complete your registration.

Form #1 – Athlete Registration Form

Form #2 – Photography & Video Waiver
& Indemnity Waiver



Form #1

Athlete Registration Form – ParaQuad Tasmania 2019 Boccia State Titles

***Athlete name:**

Address:

Contact Number:

Email:

Guardian or other contact:

(Must be provided if under 18 and will also be used as the emergency contact)

Phone Number:

Email:

Classification: please circle or highlight

BC1

BC2 / BC4 / BC5 / EMU

BC3

UNCLASSIFIED

Please note that all BC1 and BC3 athletes must arrange their own ramp and sports assistants.

Email completed registrations to: pdst@paraquadtas.org.au by **Friday 1st March 2019**

For further information contact:

Kevin Faulkner, Sports Development Coordinator

ParaQuad Tasmania

Phone: 03 6272 7513

Email: pdst@paraquadtas.org.au



Form #2

ParaQuad Tasmania 2019 Boccia State Titles

Permission to Use Photographs/Video Footage

I, the undersigned give ParaQuad Tasmania permission to use photographs/video footage of myself.

The photographs / video footage may be used for the following:

- Boccia Presentations
- General Community Promotions
- For the education and training of athletes and coaches
- For external publications or promotional activities produced by ParaQuad Tasmania, including print, broadcast, electronic (e.g. website) or other medium

I understand that I am free to withdraw permission prior to the material being published by contacting ParaQuad Tasmania. I also understand that I will receive no payment, for the use of the photograph/video footage.

Athlete Indemnity

I, the undersigned hereby agree ParaQuad Tasmania or anybody or association in any way with the conduct or participation in the above event (of which persons, bodies or associations are severally and jointly included in the term ("identified") shall not be deemed responsible or liable in any way for injury, to me sustained in, arising from, or function of nature held during the period of competition, or prior to or subsequent thereto if anyway, connected with directly or indirectly with the said competition and hereby identify the indemnified against any actions, suits, cause of actions, demands, and claims by me and hereby agree (so) that the indemnified may act as our agents in incurring such expenses as and/or doing whatsoever is reasonably necessary for the benefit of me in conjunction with or arising out of any such illness or mishap.

Name of Athlete _____

Address _____

Signature _____

Dated / / 2019

This signature must be witnessed by the Athlete's parent or guardian, if the athlete is under the age of 18 years of age. Please complete below

Name _____ Relationship to above: parent guardian