**PARA Waka Ama (Para Va’a) PADDLER INTENT FORM**  
IVF Va’a World Sprint Championships 2020  
Hilo – Hawaii

*This form is for individuals who wish to be considered as part of the New Zealand Para Va’a team that will compete in Hawaii on 17 & 18 August 2020*

*V1 opportunities will be made available also and positions for V1 will be selected by the coach*

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| **IMPORTANT INFORMATION** |

**FORM TO BE RETURNED TO** [**worlds@wakaama.co.nz**](mailto:worlds@wakaama.co.nz) **by 17th February**

Once we have received intents the Coach/management team will make a decision around trials/training dates and preferred locations.

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| **PERSONAL INFORMATION** |

First Name: …………………………………… Last name: ……………………………………….

Male/Female (Circle one)

Club: …………………………………………………………………………………………………..

Date of Birth: ……………………………………

Contact Email: …………………………………………… Contact Cell No: ……………………..

Home No: ……………………………………… Day time No: ………………………………….…

Postal Address: ………………………………………………………………………………………

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| **WAKA AMA BACKGROUND** |

Previous paddling experience in 500 words or less:

*For example:*

* *Previous Waka Ama Nationals or Va’a Worlds*
* *Overseas Race experience*
* *Club Race experience*
* *Other Sport experience*

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| --- | --- | --- | --- | --- | --- |
| 1. | Seat \_\_\_\_ | 2. | Seat \_\_\_\_ | 3. | Seat \_\_\_\_ |

**Preferred Seat in a W6 Canoe (1 = most preferred)**

Previous international and national representation in any sport:

**Do you have a current official Va’a Classification?** Yes / No

If yes what is the classification?

**If you do not have an existing classification can you please provide some information about your disability?**

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| **DECLARATION** |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_confirm that the information provided in this application form and in any supporting documents or verbally provided as part of my application is accurate and correct and no material information has been omitted. I understand that any incorrect, misleading or omitted information may deem me ineligible for selection.

Signed: …………………………………………….Date: …………………………………………….

***If Competitor is under 18 the Waiver must be signed by Parent or guardian:***

Full Name of Parent/guardian:

Relationship to Paddler: …………………………Contact Phone : ………………………………..

Signed: ……………………………………. Date:……………………………………..  
  
Club Delegate name: ………………………………Signature ………………………….