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| Waka Ama NZ / Nga Kaihoe o Aotearoa Inc | **2023 Para Campaign**  Worlds Long Distance, Samoa |

**INDIVIDUAL PADDLER INTENT FORM**

**IVF Va’a World Long Distance Championships 2023, Samoa**

**for Para Mixed**

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| **IMPORTANT INFORMATION** |

FORM TO BE RETURNED TO [worlds@wakaama.co.nz](mailto:worlds@wakaama.co.nz)  by 17th February 2023 at 4pm

**Intent fee $20:** *Do not pay until Nathan or Corrina has confirmed acceptance of your intent.*

**Payable to:** Waka Ama NZ Kiwibank A/C 38-9008-0422153-00

**Please note:**

* First Training camp / Selection camp is on 25th & 26th March in Porirua, Wellington
* V1 opportunities at Worlds will be determined from placement at the Long Distance Nationals.

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| **PERSONAL INFORMATION -** |

First Name: …………………………..……

Last name (as in passport): …………………………………………..………..

Male / Female *(please circle one)*

Date of Birth: ………..…………………………

Club:… …………………………………………………………………………………

Contact Email: ……………………………………………

Contact Cell No: ………..…………………..

Home No: …………………………….……………………

Day time No: ……………………………….…

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

**Previous international and national representation in Waka Ama or any other sport. If you have had nil international or national experience, please note any waka ama races you have participated in:**

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| **Year** | **Sport / event / accomplishments** |
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| **Do you have a current official Va’a Classification?** |  |
| **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: ………………………………………….