

O.N.A.K.A.I.

Athlete Referral Form

|  |  |  |
| --- | --- | --- |
| Athlete Name |  | |
| Age /d.o.b. |  | |
| Club/ Association |  | |
| Category |  | |
| Coach Name |  | |
| Coach mobile |  | |
| Coach email |  | |
| Comment | Please set out current level of training and competing. | |
| Coach Signature | | date |
| Parent/Guardian | | date |
| National Coach Signature | | date |



O.N.A.K.A.I.

Athlete Training and Selections Screening Form

|  |  |
| --- | --- |
| **Name** | **Club** |
| **Association** |
| **Address** | **Instructor** |
| **email** |
| **mobile** |
| **Mobile** | **style** |
| **email** | **Grade** |
| **d.o.b.** | **Gender M F** |
| **Any medical condition ? yes no** | |
| **If Yes, plese specify** | |
| **If on medication provide details** | |
| **Any injuries yes no** | |
| **If yes please specify** | |
| **If on medication provide details** | |
| **As Athelte of legal Parent/Guardian of the Athlete (as named on this form), I hereby give permission for said Athelte to participate in the training and selection sessions arranged by the National Coach/coaches and Assistant coach/coaches.**  **I give permission for photographs to be used by the O.N.A.K.A.I. to be used for publicity materials including newspapers, social media and the NGB’s website.**  **Athlete Date** | |
| **Parent/Gardian Date** | |
| **Next of kin**  **Address**  **Mobile** | |
| **Club Coach Date** | |