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| **2020 COLES Little athletics AUSTRALIA** **NATIONAL CAMP – Children with Disability Nomination form**   |  |  | | --- | --- | | **State** |  | | **Athletes name** |  | | **DOB** |  | | **2019-2020 LA Registered** | Yes or No | | **Gender** |  | | **Disability** |  | | **Primary carer information: Name:**  **Email:**  **Mobile:** |  | | **Classification**  **(please indicate option below if not classified)** |  | | ***In the process of being classified Yes*** | | | | ***Still need to be classified Yes*** | | | | **Event/s** | 1. | | 2. | | 3. | | **Result/s**  **(Result and event where achieved)** | 1. | |  | 2. | |  | 3. | | **Short (no more than 100 words) statement setting out your journey in athletics so far, including any barriers you have faced, your goals and aspirations for the future.** | | | |

***Nomination to be completed and returned to Little Athletics Australia via your State Association.***