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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.***