
STATE TEAM AGREEMENT

I, ... wish for my child/myself to be considered for selection as a competitor in the **2027 CAWA State Team**.

I understand that appointment to the State Team is based on meeting the selection criteria as specified in the CAWA State Team Policies – 2027 State Team Policy and CAWA State Team Code of Conduct.

If appointed to the team, I agree to purchase all necessary items of the team uniform and wear them in accordance with team regulations.

I understand that appointment to the State Team is dependent on the agreement to abide by the ACF Member Protection Policy Part D: Code of Conduct and that breaches of these may result in disciplinary action.

I/my child agree/s to abide by the ACF Drugs in Sport Code.

I agree that CAWA or any team or personnel member associated with the CAWA State Team shall not be deemed responsible or liable in any way for any injury, illness or other mishap to me/my daughter during the tour. I agree to be responsible for the costs of any medical treatment and ambulance deemed necessary by the State Team Manager.

I have read the CAWA and ACF Policies as listed below and understand that any breach of the rules could lead to I/my child being ineligible for State representation.

ACF Member Protection Policy; Part D: Code of Conduct
ACF Anti Doping Policy
CAWA State Team Policies - 2026 Interstate Challenge
CAWA State Team Code of Conduct

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I accept the conditions of the above [please tick]

Signed _____

Date: / /

Parent's name (if competitor is under 18 years of age) _____

Child's/Senior Competitor's name: _____