



**INDIVIDUAL CLEARANCE FORM
AUTHORISATION TO COMPETE ABROAD**

Clearance is sought for (name) _____ Born on: _____

who is a registered member of the: _____ Swimming Association
(State Association)

which is affiliated to Swimming Australia Ltd, is authorised to take part in the following competitions:

Name of Meet	Date of Meet	Type of Meet (Open or Age Group)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Country/s and Cities he/she propose to visit are:

Please stipulate how the athlete/s meet the SAL Clearance Policy

- Meets the FINA Points score (complete below table)
- Received invitation from meet organisers (Attach invitation)
- Educational (name of institution attending)
- Family relocation for work commitments (outline below)
- Family Holiday (complete below table)

Best performance by athlete in 12 months prior to the first meet they're attending (1 event only)

Name of Athlete	Event	Time	Date Achieved	Place Achieved	FPS

Period of clearance is **From:** _____ **To:** _____

This group of athletes agree to observe the rules of the Organisation, which governs amateur swimming in the country where the competition is held.

Approved by State Association

Approved by Swimming Australian Ltd

Signature: _____

Print Name: _____

Title: _____

Date: _____

NB. This authorisation is only valid for the period shown.