



**THE POLOCROSSE ASSOCIATION OF AUSTRALIA INC.
 REPRESENTATIVE – (POLOCROSSE AUSTRALIA OR STATE ASSOCIATION)
 PLAYER, COACH OR UMPIRE PROCEEDING OVERSEAS**

Members wishing to participate in Polocrosse activities overseas must complete this form and submit via their State Association at least 30 days prior to departure

Excerpt from International Polocrosse Rules – 15 July 2009

NOTATION: Any player or official wishing to participate in polocrosse in another nation must obtain prior written approval from his/her home national association.

Any player suspended from play will be considered as suspended in all nations. Notices of suspension to be forwarded to IPC Secretary.

NAME:

ADDRESS:

PHONE NO: FAX NO: EMAIL:

CLUB REGISTERED WITH: MEMBERSHIP NUMBER:

TRAVELLING FROM: TO: (*Destination*)

DATES OF OVERSEAS TRAVEL - FROM: TO:

REASON FOR VISIT/VENUE & CLUB OF POLOCROSSE ACTIVITY:

PLAYING HISTORY:

CURRENT GRADE PLAYED: FROM: TO:

ZONE/STATE REPRESENTATION:

AUSTRALIAN REPRESENTATION:

COACHING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: DATE OF ACCREDITATION: NCAS NUMBER:

RECOMMENDATION/COMMENTS:

.....
STATE COACHING DIRECTOR

.....
NATIONAL COACHING DIRECTOR

.....
DATE

UMPIRING QUALIFICATIONS:

CURRENT ACCREDITATION LEVEL: DATE OF ACCREDITATION: NOAS NUMBER:

RECOMMENDATION/COMMENTS:

.....
STATE CHIEF UMPIRE

.....
AUSTRALIAN CHIEF UMPIRE

.....
DATE

APPLICANTS CERTIFICATION: *I declare that all of the above information is true and correct. I hereby acknowledge that the Polocrosse Australia Personal Accident Insurance only covers me if this Form is signed and endorsed by my State and National Associations.*

.....
MEMBERS SIGNATURE

.....
DATE

STATE/PAA RECOMMENDATION/COMMENTS:

.....
State President/Official

.....
Date

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Polocrosse Australia President/Official

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Date