



SPORTS TRAVEL AUSTRALIA

ABN: 14 663 426 748
528 Bostock Road Lurg Vic 3673
Mob: 0488 727 041
Email: sportstravelaust@gmail.com

APPLICATION AMERICA CROSS COUNTRY TOUR

HEAD AND
SHOULDERS
PHOTO

SURNAME: _____

GIVEN NAME(S): _____

FULL POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

MOBILE: _____

HEIGHT _____ cm WEIGHT _____ kg

BIRTH DATE: _____ SEX: _____

NAME OF PARENT(S)/GUARDIAN:

MOBILE/S: _____

ALTERNATIVE CONTACT: _____

MOBILE: _____

EMAIL: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

NAME OF SCHOOL: _____

ADDRESS: _____

BEST PERFORMANCE TIMES:

EVENT	TIME	MEET NAME	MEET VENUE	DATE
1500m				
3000m				
5000m				

PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION AND RETURN VIA
EMAIL TO: sportstravelaust@gmail.com or MAIL TO 528 Bostock Road Lurg Vic 3673.

DEPOSIT: A non-refundable \$500 deposit, which applies to the total cost of the trip, is required with this application. This policy is necessary for Sports Travel Australia to proceed with travel arrangements on your behalf.

EMERGENCY MEDICAL RELEASE: I hereby grant permission for a representative of Sports Travel Australia to seek professional medical care of me in the event emergency medical care is needed during my tour with your staff. I also grant permission for said medical personnel to administer that emergency care.

DO YOU HAVE ANY ALLERGIES OR ILLNESSES? (ASTHMA, HEART AILMENTS, EPILEPSY, ETC)

PLEASE DETAIL: _____

ASSOCIATED TREATMENT: _____

PERSONAL DOCTOR: _____

NAME: _____

PHONE (After hours contact is essential): _____

ADDRESS: _____

COVID VACCINATION STATUS: YES NO

(It may be a requirement to be Vaccinated to enter another Country, Competition Events, Flights, Theme Parks, Motels and Shows; further information will be provided at a later date).

CODE OF CONDUCT:

I hereby agree to abide by the rules of conduct as set forth by Sports Travel Australia during my tour abroad. I agree to abstain from the use of alcoholic beverages, use of drugs and smoking of any kind. I further agree to abide by curfew regulations as established by the staff and agree not to absent myself from the team without prior permission from the tour management. I fully understand that my failure to abide by these and all regulations could result in my being expelled from the team and sent home first available flight. I agree to pay those additional costs incurred by your company. Further, if I am expelled from the team, I agree that I will not be entitled to any monetary refund for those days of the tour following my expulsion.

ENTRY ACCEPTANCE:

The parties to this contract agree that any injury, loss of baggage, early return from trip, change in itinerary, change of accommodation, change of flight schedule or change of Competition shall be liquidated to the amount of \$500 per tour. This amount shall be presumed to be the amount sustained by a breach of this agreement, since it would be impracticable or extremely difficult to fix actual charge. Further, the parties hereby acknowledge that if said liquidated damage provision had not been placed in this contract, the cost of the trip would have been substantially increased. In consideration of the lower price the parties agree to the above set forth liquidation damage provision. In consideration of this entry being accepted, I hereby for myself, my heirs, executors, and administrators, waive any and all right of claims for damage I may have against Sports Travel Australia, or any individual associated with the above for any and all injuries sustained by me on this and during participation of the event. I will additionally permit free use of my name and picture in broadcasts, telecasts, etc. I further attest and verify that I am physically fit and have sufficiently trained for competition and my physical condition has been verified by a licensed medical doctor.

I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS PRESENTED IN THIS BROCHURE AND, THROUGH PAYING THE REQUIRED FEE IN ACCORDANCE THEREWITH, AFFIRM TO BE BOUND BY THE TERMS THEREOF:

ATHLETE'S SIGNATURE: _____

DATE: _____

ATHLETE'S NAME: _____

SIGNATURE OF PARENT(S)/GUARDIAN: _____

DATE: _____