

2025 FISAF Australia

Request to Compete All Party Approval Form

This Form includes an acceptance of the requested information by all parties involved.

Primary Club: _____

Athlete Name: _____

Secondary Club: _____

Request Details: _____

DECLARATION

By signing this waiver, you confirm your understanding and acceptance of the request and agreements listed above:

PRIMARY CLUB:

Name: _____

Date: _____.

Signature : _____

SECONDARY CLUB:

Name: _____

Date: _____

Signature : _____

Athlete / Guardian (if under18):

Name: _____

Date: _____

Signature: _____