



Athlete Personal Info (for ABA internal use)

Athlete to supply high resolution (2MB or larger) photo

Name:

DOB:

Email:

Phone:

Coach name:

Firearms Licence No:

Firearm used: Firearms Make, Model

Firearm Owner:

Firearms Registration No:

Previous Experience

Please tell us a little about your experience in Biathlon, Cross country skiing or marksmanship

Guardian Name:

Guardian Email:

Guardian Phone:



Athlete Profile (Public) – Optional

Nickname:

Home Base:

School/ University:

Sporting Hero:

Ambition:

Proudest Moment:

Favourite Food:

Personal Motto:

I began this sport because.....

Other Sports:

When I am not training/competing I am.....



Australian Biathlon Code of Conduct

General Code of Behaviour

Including Social Media

As a person required to comply with the Australian/Victorian Biathlon Inc. (AB) Member Protection Policy, you must meet the following requirements in regard to your conduct during any activity held or sanctioned by AB and in any role you hold within AB:

1. Respect the rights, dignity and worth of others.
2. Be fair, considerate and honest in all dealing with others.
3. Be professional in, and accept responsibility for your actions.
4. Make a commitment to providing quality service.
5. Demonstrate a high degree of individual responsibility especially when dealing with persons under 18 years of age, as your words and actions are an example.
6. Be aware of, and maintain an uncompromising adherence to AB standards, rules, regulations and policies.
7. Operate within the rules of AB including national policies and guidelines which govern AB.
8. Understand your responsibility, if you breach, or are aware of any breaches of this Code of Behaviour.
9. Do not use your involvement with AB to promote your own beliefs, behaviours or practices where these are inconsistent with those of AB.
10. Adults should avoid unaccompanied and unobserved activities with persons under 18 years of age, wherever possible.
11. Refrain from any form of abuse towards others.
12. Refrain from any form of harassment towards, or discrimination of, others.
13. Provide a safe environment for the conduct of the activity.
14. Show concern and caution towards others who may be sick or injured.
15. Be a positive role model.



Athlete Code of Conduct:

1. Use of Drugs

1.1 I agree that the use, consumption and/or possession of any unauthorised drugs, including illegal drugs and/or recreational and performance enhancing drugs, is prohibited.

1.1.1 I agree that in the event of any breach by me of Clause 1.1 hereof, AB will immediately contact and inform my parents (if under 18yrs) of the breach. I further agree that AB has the right to expel me from the camps and to immediately arrange for me to return home.

1.1.2 I further agree that I am personally responsible (and the AB is not responsible) for any and all costs incurred in leaving the camp and/or returning home. I further understand that if I return to Australia pursuant to Clause 1.1 hereof, I will not be accompanied on the return flight by any personnel of AB.

1.2 I have completed the Australian Sports Anti-Doping Authority (ASADA) anti-doping on-line learning modules as required by AB. ASADA's e-learning modules can be accessed here:
<http://elearning.asada.gov.au/>

1.3 I agree that it is my responsibility to check the constituent ingredients of any supplements, drugs or any medication or otherwise consumed to ensure they do not include any substances or methods as listed on the World Anti Doping Code Prohibited Substances and Methods List, or as monitored by the World Anti-Doping Agency (WADA) and/or ASADA.

I agree it is my responsibility to keep the AB appointed team coach notified of supplements, drugs, any medications or otherwise I propose to consume or consume.

1.4 I agree it is my responsibility to monitor and avoid contact with any persons including athlete support personnel who are involved in doping and understand the consequences which may include notification to authorities including WADA, ASADA, AB, AOC, OWI, IBU, and Alpen Cup or any other Nation Federation/Event Organisers, suspension and expulsion.

I have not at any time engaged, and will not at any time engage, in Prohibited Association as prescribed under Article 2.10 of the World Anti-Doping Authority (WADA) Code (in effect from 1 January 2015).

The WADA code can be accessed at this site: <https://www.wada-ama.org/en/resources/the-code/2015-world-anti-doping-code>

Generally, the WADA code restricts association in a professional or sport-related capacity in certain circumstances with any Athlete Support Personnel who:

- (a) is serving a period of Ineligibility; or
- (b) has been convicted or found in a criminal, disciplinary or professional proceeding to have engaged in conduct which would have constituted a violation of anti-doping rules; or
- (c) is serving as a front or intermediary for an individual described in (a) or (b) above.

1.5 I have read AB's Anti Doping Policy as in force and agree to abide by the rules therein.

I have read the Australian Olympic Committee's Anti-Doping By-law as in force and agree to abide by the rules and obligations therein. The By-Law can be accessed at:

http://corporate.olympics.com.au/files/dmfile/AOC_Anti_DopingBy_Law_CLEAN_21Nov.pdf



1.6 I agree that if I notice any evidence of inappropriate use of prohibited substances including but not exclusively drugs, medications or supplements including empty packaging, syringes or any paraphernalia indicating the use of drugs or prohibited substances, this will be immediately notified to AB' s Medical Officer and/or Executive Officer.

1.7 I acknowledge if others evidence my inappropriate use of prohibited substances including but not exclusively drugs, medications or supplements including empty packaging, syringes or any paraphernalia indicating the use of drugs or prohibited substances, that they will be obliged to immediately notify AB' s Medical Officer and/or Executive Officer.

1.8 I acknowledge that AB is obliged to pass on information collected in relation to any doping matters to the appropriate authorities, who may include ASADA, WADA, OWI, AOC, IBU, and Alpen Cup or any other Nation Federation/Event Organisers.

I further understand that the Medical Officer or Executive Officer will not be bound by Privacy Legislation or Athlete Confidentiality in matters relating to the notification of suspected or inappropriate use of drugs, prohibited substances, medications or supplements including empty packaging, syringes or any paraphernalia indicating the use of drugs or prohibited substances.

1.9 I agree that in the event of matters arising or any breach by me of any of the Clauses 1.2 to 1.8, AB is obliged to contact and inform my parents (if under 18yrs) of the breach. I further agree that AB has the right to expel me from the camps and to immediately arrange for me to return home.

I further agree that I am personally responsible (and the AB is not responsible) for any and all costs incurred in leaving the camp and/or returning home. I further understand that if I return to Australia pursuant to Clauses 1.2 to 1.8 hereof, I will not be accompanied on the return flight by any personnel of AB.

2. Use of Alcohol and Cigarettes

2.1 I agree that the use, consumption and/or possession of tobacco products are prohibited for athletes under the age of 18.

2.2 I agree that the use, consumption and/or possession of alcohol is prohibited for athletes under the age of 18.

2.3 If I am over 18 I agree to use alcohol and tobacco products in a mature and responsible manner that is not disruptive to my athletic progression or that of my fellow athletes.

2.4 While in AB or sponsors' clothing or using AB or sponsors' equipment, I agree not to use alcohol and/or tobacco products.

3. Bullying

3.1 I agree that bullying, harassment or ostracism and all types of aggressive behaviour are prohibited during any AB Activity and will not be tolerated under any circumstances.

3.2 If I witness any apparent bullying, harassment, ostracism or any type of aggressive behaviour, I will notify an independent coach, team official or Committee member who is not a party to the behaviour.



4. Unauthorised Travel

4.1 I will participate in the agreed travel plans for designated camps/activity. If there are deviations from these plans I will seek express written authorisation from AB prior to changing travel arrangements.

5. Publicity and Media

5.1 I agree to help grow the sport, by providing reports and publicity material such as photos to AB. I will help grow the sport by participating in publicity events, interview and fund-raising. I agree I will not make any defamatory, abusive, harassing, discriminatory or otherwise offensive statements. I will not make any statements that might bring the team, the sport, sponsors, AB, OWIA, AOC, IBU and Alpen Cup or any other Nation Federation/Event Organisers into disrepute. Athletes selected for International events and selected National Team athletes (for all events) are required to provide a detailed report including high resolution photographs, and should promptly forward these to AB's Communication Officer following race events and camps.

I agree to participate in an interview arranged by AB, to discuss any matters arising out of my participation in events.

I agree that if I fail to supply the reports or fail to participate in a requested interview, I may be excluded from selection in subsequent years.

I agree to provide feedback by way of questionnaire if so requested.

6. Social Media

6.1 If using social media, I agree to use it in a positive and constructive manner. I will not make any defamatory, abusive, harassing, discriminatory or otherwise offensive statements. I will not make any statements that might bring the team, the sport, sponsors, AB, OWIA, AOC, IBU and Alpen Cup or any other Nation Federation/Event Organisers into disrepute.

7. Breach of Code

7.1 I further agree that AB has the right to take appropriate punitive action at its discretion. Such punitive action may include indefinite suspension of team/squad status and exclusion from involvement in current and future team/squad activities, expulsion from events, exclusion from any IBU or NF activities until otherwise advised. I agree that in the event of any breach by me (if under 18 years of age) of this Code of Conduct AB may immediately contact and inform my parents of the breach

Athlete Name:

Signature:

Date: / /

If participant is under 18 years of age

Name of Parent/Guardian:

Signature of Parent/ Guardian:

Date / /



MEDICAL PROFILE / PERSONAL RECORD

This information will be destroyed November of the subsequent year.

Surname Given Names

Address

Phone E-mail

Emergency Contact

Next of Kin (Parents/Guardian/Spouse) Details:

Name 1 Name 2

Relationship Relationship

Address Address

Phone Mobile Phone Mobile

E-mail E-mail

Gender: Male /Female

Date of Birth Age (years)

Height cm Weight kg

Blood Group _____: Do you object to transfusions? Yes No

Your Doctor

Surname Given Names

Address

Phone



Past Medical History

Have You Had...	Do You Wear...	Have You Sustained...
Epilepsy Y N	Glasses Y N	A Fracture in last 3 years Y N
Hepatitis A /B Y N	Contact Lenses Y N	If Yes, where:
Migraines Y N		
Diabetes Y N		A Dislocation Y N
Heart Problems Y N	Protective Equipment	If Yes, where:
Heart Murmur Y N	Any? Y N	
Asthma/Bronchitis Y N	At Training Y N	Do You Suffer From....
Hernia Y N	At Comp Y N	Recurring pain in Y N
Concussion Y N	If Yes, please specify	Joint with play/practice
Allergies Y N		If yes, which joint?
Depression Y N		
If yes please specify		

List all prescriptions and chemist medications, you take:

List all supplements and herbal/naturopathic products you take, including the brand name:

For allergies and asthma, please supply a copy of your management plan from your doctor as appropriate
To the best of my knowledge, all the information contained on this sheet is correct.

Athlete Name

Signature

Date / /

(If under 18 please have parent or guardian sign)

Name of guardian

Signature

Date / /



Power to Authorise Medical Treatment

In case of illness or injury, the camp participant will be treated at the most appropriate medical facility.

I/We _____
being the athlete/parents or guardians of

recognize that medical treatment may be necessary as a result of my/my child's participation in an Australian/Victorian Biathlon Inc (AB) Program. To facilitate appropriate treatment if required, I/we hereby authorize the coaches and staff of AB to administer or organize the administration of recommended medical treatment of me/my child by such medical personnel as may be required including but not only medical doctor, hospital, emergency technician and/or other paramedic. This authorisation is complete in and of itself and is fully operative under my signature for the duration of me/my child's participation in all AB programs. It is made in full knowledge that a full medical profile of me/my child has been made and provided to AB and that AB has relied upon that profile.

Signatures:

Name of the Applicant

Parent of the Applicant
(If the Applicant is under 18 years of age)

Signature of the Applicant

Signature of Parent/Guardian
(If the Applicant is under 18 years of age)

Date

Date