

Youth Officials Program – Expression of Interest Form

Dear Youth member,

Like in many other sports, Officials play a vital role in our movement. This season SLSWA Youth members have the opportunity to act as officials at Little Nipper and/or Nipper events. If you decide to take on a role you can use the hours accrued towards the **SLSWA Youth Leaders Program**.

In order to ‘opt-in’ to this program, you will need to complete the **Expression of Interest Form** attached to this letter and return it to SLSWA as per the instructions on the form.

Once your form has been processed, you will receive a notification of a two hour training session which you need to attend prior to officiating at your first carnival.

We look forward to receiving your Expression of Interest Form for the SLSWA Youth Officials Program.

Yours sincerely,



David Somers
Senior Development Officer
Surf Life Saving WA



Youth Officials – Registration Form

Thank you for showing an interest in SLSWA Youth Official Program. To register for the program please complete this form using black or blue pen and printing in block letters.

Participant's Name: _____

Participant's Club: _____

Participant's current age group: U/14 U/15 U/16 U/17

Participant's Address: Number & Street Name (or PO Box)

Suburb: _____ Postcode: _____

Participant's Signature: _____ Date: _____

Key
LN = Little Nippers – 6:30am – 11:00am
N = Nippers – 7:00am – 2:00pm
R = Round
MQ = Metro Qualifier
c = Country
C = Championships
Note: 13/03/20 – 4:30pm – 9:00pm

Events I will attend and officiate at			
Date	Event	Venue	Tick
15/12/19	NR1	Sorrento Beach	
12/01/20	LNR1	Coogee Beach	
19/01/20	NR2	City Beach	
25/01/20	LNC/Nc	Smiths Beach	
26/01/20	Nc	Smiths Beach	
9/02/20	LNR2	Leighton Beach	
15/02/20	NMQ	Mullaloo Beach	
16/02/20	NMQ	Mullaloo Beach	
1/03/20	NcC	Denmark	
8/03/20	LNC	Sorrento Beach	
13/03/20	NC	Scarborough Beach	
14/03/20	NC	Scarborough Beach	
15/03/20	NC	Scarborough Beach	

Parent: I have read the Introductory Letter from SLSWA regarding the Youth Officials Program and am happy for my daughter/son to register for this program. I will ensure they are at the events they have nominated.

Parent's Email: _____

Parent's Signature: _____ Date: _____

Completed Registration Forms to be sent to SLSWA	
via post	email
Member Development Officer Surf Life Saving WA PO Box 700 Balcatta, WA, 6914	Member Development Officer sclarke@slswa.com.au