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## 2022 TEAM SELECTION REGISTRATION FORM

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ATHLETES NAME:

ATHLETES DOB:

EMAIL:

MOBILE PHONE:

EMERGENCY CONTACT:

### SELECT YOUR ROUTINE PREFERENCE

- SINGLES       SPORT AEROBICS TEAM (4 PEOPLE)
- PAIR
- TRIO
- FITNESS TEAM

### WOULD YOU LIKE TO BE CONSIDERED FOR AN INTERNATIONAL FITNESS TEAM?

- YES       NO

### TRAINING TIME AVAILABILITY - PLEASE TICK IF AVAILABLE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MONDAY AFTERNOON    | <input type="checkbox"/> 3:45PM - 4:45PM | <input type="checkbox"/> 5:00PM - 6:30PM |
| <input type="checkbox"/> TUESDAY MORNING     | <input type="checkbox"/> 4:00PM - 5:30PM | <input type="checkbox"/> 6:00AM - 7:30AM |
| <input type="checkbox"/> WEDNESDAY AFTERNOON | <input type="checkbox"/> 4:30PM - 6:00PM | <input type="checkbox"/> 6:30AM - 8:00AM |

### ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

Signed: \_\_\_\_\_  
(Athlete)

Signed: \_\_\_\_\_  
(Parent/Guardian if under 18)

Date: \_\_\_\_\_

Date: \_\_\_\_\_