



TEST REGISTRATION COACHES AUTHORISATION

I _____, have authorisation from my head coach to attempt the following tests on (test date) _____.

TPS (*test level*) _____

Coaches Name: _____

Coaches Signature: _____

Technical (*test level*) _____

Coaches Name: _____

Coaches Signature _____

Under WAISA policy 004-2014 Tests I hereby agree that only a completed test application, authorised by the relevant coach and accompanied with payment, received within the dates outlined will be accepted by the WAISA Test Convener as a confirmed test application.

WAISA will confirm authorisation from the relevant coach after the test closing date. Unauthorised applications will not be accepted and refunds will not be provided.

By signing this form you agree to the above conditions of the Test policy.

Athlete signature (over 18yrs) _____

Guardian Signature (for under 18 yr. olds) _____