

Name:

I.A.W.A(uk) British Disability Championships 26th September 2021



Closing date 5th September 2021

Please print clearly on the form

ENTRY FEE IS DUE 2 WEEKS BEFORE THE COMP (5th September 2021) AND YOU MUST HAVE IAWA MEMBERSHIP AND WE HAVE RECEIVED YOUR IAWA MEDICAL FORM.

| Address |
|---|
| Postcode |
| Email |
| TELEPHONE |
| Which category |
| Seated Standing |
| Weight class or Bodyweight |
| Age(on day of comp) Gender |
| Gender |
| Please circle |
| Membership YES/NO |
| IAWA DISABILITY MEDICAL FORM. YES/NO |
| ENTRY FEE. |
| £15 made payable by banks transfer barclays 20-84-41 93749428 |
| Please return all forms either by email to keds.beinspired@gmail.com or post to neil keddy 6 pendarvis terrace port talbot sa12 6dx. |
| Disclaimer (tick to agree) |
| In consideration of IAWA (UK) accepting my application for Membership, I hereby release all claims fo |
| damages, losses and injuries that I may hold against IAWA (UK), their Promoters, Officials, Coaches |
| Referees and assistants whilst participating in any IAWA Events. |
| |
| Declaration (tiple to gards) |
| Declaration (tick to agree) |
| I understand the Rules and Regulations of IAWA(UK), in particular to it's drugs Policy; and I shall be |
| circumspect in all matters relating to the Drugs Issue and fully understand that at any time I may be |
| called upon to provide a sample for testing to Officials of the IAWA or Independent Sampling Officers, |
| which if found positive may render me with a Life Ban from IAWA. |
| The state positive may remain me wan a zine ban nom nava. |
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