



DAY REGISTRATION FORM

ATHLETICS NORTH QUEENSLAND IS AFFILIATED WITH QUEENSLAND ATHLETICS

ANQ Address: PO Box 68, BELGIAN GARDENS, QLD, 4810. ABN: 98 489 984 137

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MEMBERS MUST SUBMIT THIS FORM TO THEIR LOCAL CLUB.

MEMBERSHIP DETAILS

Club Name

Registration Period from / / to / /

PERSONAL DETAILS

First Name Surname

Gender MALE FEMALE Date of Birth Age as at 31.12. 2017
For new registrations, Birth Certificate must be sighted.

Address

Suburb Postcode

Phone Mobile Work

Email

Emergency Contact Details: Name Phone

All members are to supply an emergency contact name and phone number

FAMILY DETAILS (For all members under 18 years of age, please provide the following information)

Parent/s or Guardian/s Name/s

DECLARATION

I hereby make application for membership of Athletics North Queensland Incorporated with the Club listed on this registration form and declare that I am eligible to participate in competition according to the eligibility laws set down by the By Laws of Athletics Australia. I agree to abide by all the Rules and By Laws of Athletics North Queensland, Memorandums, Articles and By Laws of Athletics Australia and Constitution and Rules of the International Association of Athletic Federation as amended from time to time. (Copies of all Rules & Regulations of AA, IAAF, etc can be sighted at the office of Athletics North Queensland upon request). I consent to undergo drug testing under the auspices of ASADA and I consent to my name and/or image being used in publications, or displayed on the website of Athletics North Queensland, Queensland Athletics and Athletics Australia.

Signature

Date

Parent / Guardians signature required if member is under 18yo

CLUB DELEGATE SIGNATURE

Signature Date

Position Registrar Secretary Treasurer Other _____

Payment Received \$ _____ Receipt Number: _____