



REGISTRATION FORM 2012-13

REGISTRATION YEAR: to MARCH 31, 2013

ATHLETICS NORTH QUEENSLAND IS AFFILIATED WITH QUEENSLAND ATHLETICS

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

Ph: 07 47 214 998 Fax: 07 47 216 573

Registration No.

(Leave blank if new or unknown)

Email: enquiries@athleticsnorthqld.org.au Website: www.athleticsnorthqld.org.au**MEMBERS MUST SUBMIT THIS FORM TO THEIR LOCAL CLUB.**

MEMBERSHIP DETAILS

Club Name Category ATHLETE AWD (Classification) _____ COMMITTEE (Position) _____ NON STADIA (Road Running) MASTERS (Age 30+) VOLUNTEER COACH (Qualification) _____ OFFICIAL (Qualification) _____Other New Registration YES (If you have registered with any ANQ club in the past five years, select NO and provide previous club details below) NO Last Previous Club: As Above Other* _____

Season Last Registered (year) _____ *An ANQ Clearance or Transfer Form-ANQ03 must be submitted also

PERSONAL DETAILS

First Name Surname Gender MALE FEMALE Date of Birth Age as at 31.12. 2012

For new registrations, Birth Certificate must be sighted.

Address Suburb Postcode Phone Mobile Work Email Yes, I would like to receive the Athletics North Queensland email newsletter. Are you of Aboriginal or Torres Strait Islander descent? YES NOEmergency 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 Detail any Coaching/Official Qualifications

BLUE CARD (Queensland working with children check)

A blue card is required for Committee Members, Volunteers, Parent Helpers, Coaches, Officials or as deemed necessary by the club. Forms are available from www.ccyipcq.qld.gov.au If you already hold a blue card but with another organisation, it must also be registered with this organisation also. The form required for this is 'Authorisation to confirm a valid blue card / application' also available from www.ccyipcq.qld.gov.auDo you hold a current Blue Card? YES - Card Number: _____ Expiry Date ___/___/___ No Applied for

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.

Signature Date

Parent / Guardians signature required if member is under 18yo

CLUB DELEGATE SIGNATURE

Signature Date Birth Certificate Sighted Yes No Position Registrar Secretary Treasurer Other _____ Payment Received \$ _____ Receipt Number: _____