

# REGISTRATION FORM 2009-10

REGISTRATION YEAR: APRIL 1, 2009 - MARCH 31, 2010



## CATEGORY

Club

- Category(s)  Full Athlete  Coach \*  AA Technical Official \*  
 Non-Stadia Athlete  Volunteer \*  QA Life Member  
 Dual Registered Athlete

\* Blue Card Number: \_\_\_\_\_

Primary Association:

- Dual Rego  Qld Little Athletics (U13-U15 Only)  Qld Masters Athletics  Qld Athletic League

## PERSONAL DETAILS

First Name

Surname

Gender

Male

Female

Date of Birth

 /  / 

Address

Suburb

Postcode

Phone

Mobile

Email

- Yes, I would like to receive the Queensland Athletics email newsletter.

School / Uni

Discipline(s)

- Sprints  Hurdles  Throws  Vertical Jumps  Horizontal Jumps  
 Distance / Middle Distance  Cross Country & Road Running  Walks

Coach

- I am a member of a Little Athletics Centre. Name of Centre: \_\_\_\_\_  
 I am an athlete with a disability. Classification: \_\_\_\_\_  
 I am of Aboriginal and/or Torres Strait Islander descent

## DECLARATION

I hereby make application for membership of Queensland Athletics with the Club listed on the 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 Queensland Athletics, Memorandums, Articles and By-Laws of Athletics Australia including the general and specific codes of conduct contained therein and Constitution and Rules of the International Association of Athletics Federation as amended from time to time. I consent to undergo drug testing under the auspices of ASADA and I consent to my name and/or image being used in Queensland Athletics publications or displayed on the website of the official Queensland Athletics photographer.

Signature

Date

 /  / 

Parent / guardian signature required if under 18

## CLUB DELEGATE SIGNATURE

Signature

Date

 /  / 

Name

Notes

## QA OFFICE USE

Payment Received

 \$ 

Receipt

Registration #