

# REGISTRATION FORM WINTER 2010



APRIL 1, 2010 – SEPTEMBER 30, 2010

NOTE: Registrations that are not submitted online attract a \$2.50 surcharge.

## CATEGORY

Club

- Category(s)  Winter Athlete - \$40.00  
(All Cross Country, Road Running/Walking, Winter Track & Field competitions)
- Dual Registered Athlete - \$20.00  
(Little Athletics U13/U14/U15 Only)
- Club Athlete - \$20.00  
(Club events only. Cannot compete in QA events or Queensland Championships)
- Volunteer \* - \$10.00
- AA Technical Official \* - \$10.00
- Coach \* - \$10.00
- QA Life Member - Free
- \* Blue Card Number: \_\_\_\_\_

## PERSONAL DETAILS

First Name

Surname

Gender

Male

Female

Date of Birth

 /  / 

Address

Suburb

Postcode

Phone

Mobile

Email

(By entering your email address you are consenting to receive Queensland Athletics email newsletters and notices.)

School / Uni

Discipline(s)

Track and Field

Cross Country / Road Running

Race Walking

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

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## QA OFFICE USE

Payment Received

\$

Receipt

Registration #