



REGISTRATION FORM 2018-19

REGISTRATION YEAR: 1 APRIL, 2018 to 31 MARCH, 2019

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

Email: admin@athleticsnorthqld.org.au Website: www.athleticsnorthqld.org.au

Registration No.
(Leave blank if new or unknown)

MEMBERS MUST SUBMIT THIS FORM TO THEIR LOCAL CLUB.

MEMBERSHIP DETAILS

Club Name

Category ATHLETE PARA ATHLETE (Classification) COMMITTEE (Position) MASTERS (Age 30+) please complete ANQ08 form – Queensland Masters Registration 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. 2018
For new registrations, Birth Certificate must be sighted.

Address

Suburb Postcode

Phone Mobile Work

Email

Aboriginal or Torres Strait Islander descent? YES NO

Emergency Contact Details: Name Phone
All members are to supply an emergency contact name and phone number

Please advise the club if the athlete, official or volunteer has serious health concerns that may require attention at club, training and/or competition days

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.ccypcg.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.ccypcg.qld.gov.au

Do 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. I consent to my name and/or image being used in publications, displayed on the website/social media sites of Affiliated Clubs & Athletics North Queensland, Queensland Athletics and Athletics Australia.

Signature Date

Parent / Guardians signature required if member is under 18 years

CLUB DELEGATE SIGNATURE

Signature Date Birth Certificate Sighted Yes No

Position Registrar Secretary Treasurer Other Payment Received \$ Receipt Number:

ATHLETE MEDICAL INFORMATION

ATHLETE NAME					
DATE OF BIRTH		AGE		GENDER	M / F

EMERGENCY CONTACT

NAME		RELATIONSHIP	
PHONE: MOBILE		HOME	

PLEASE COMPLETE THE FOLLOWING INFORMATION

	<u>Circle</u>	<u>Comments</u>	<u>Medicines</u>
Allergies	NO / YES		
Asthma	NO / YES		
Heart Problems	NO / YES		
Diabetes	NO / YES		
Please list any other medical problems that we may need to know in an emergency			

This medical information sheet will be kept on file at this club. The medical information provided may be accessed only by club officials, first aiders and or professional medical services.

***To the best of my knowledge, all information contained on this sheet is correct.
(if under 18 please have a parent or legal guardian sign)***

Signature	Date
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