



# REGISTRATION FORM 2019-20

REGISTRATION YEAR: 1 APRIL, 2019 to 31 MARCH, 2020

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

Registration No.   
(Leave blank if new or unknown)

Email: [manager@athleticsnorthqld.org.au](mailto:manager@athleticsnorthqld.org.au) Website: [www.athleticsnorthqld.org.au](http://www.athleticsnorthqld.org.au)

**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. 2019   
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](http://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](http://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

<b>ATHLETE NAME</b>					
<b>DATE OF BIRTH</b>		<b>AGE</b>		<b>GENDER</b>	<b>M / F</b>

## EMERGENCY CONTACT

<b>NAME</b>		<b>RELATIONSHIP</b>	
<b>PHONE: MOBILE</b>		<b>HOME</b>	

## PLEASE COMPLETE THE FOLLOWING INFORMATION

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

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)***

<b>Signature</b>	<b>Date</b>
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