



# REGISTRATION FORM 2010-11

REGISTRATION YEAR: APRIL 1, 2010 – MARCH 31, 2011

ATHLETICS NORTH QUEENSLAND IS AFFILIATED WITH QUEENSLAND ATHLETICS

ANQ Address: PO Box 1566, AITKENVALE, QLD, 4814. ABN: 98 489 984 137

Ph: 07 4728 1365 Fax: 07 4775 6124

Registration No.   
(Leave blank if new or unknown)

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

**MEMBERS MUST SUBMIT THIS FORM TO THEIR LOCAL CLUB.**

## MEMBERSHIP DETAILS

Club Name

Category  ATHLETE  AWD (Classification) \_\_\_\_\_  COMMITTEE (Position) \_\_\_\_\_  
 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ \*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. 2010   
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  NO

Emergency 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.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 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

Position  Registrar  Secretary  Treasurer  Other \_\_\_\_\_

Birth Certificate Sighted  Yes  No Payment Received \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

