

# ATHLETICS NORTH QUEENSLAND

PO Box 1566, Aitkenvale, Q. 4814  
Telephone: 07 47281365 Facsimile: 07 47756124  
Email: [enquiries@athleticsnorthqld.org.au](mailto:enquiries@athleticsnorthqld.org.au)  
(ABN No: 98 489 984 137)

Athletics North Queensland will be conducting a one (1) day Coaching Clinic in Townsville on Friday July 10 2009. The clinic will be conducted at the Townsville Sports Reserve. The Co-ordinators for the clinic will be Jim Minehane and Cameron Clayton. **(Please contact the ANQ Office on 47281365 for all queries).** Athletes of any ability from 9 years are welcome to attend. Coaches, parents, teachers and others are invited to attend as observers. School athletes are encouraged to attend. **Please note:** Emphasis will be placed on **athletes up to 14 years of age** in the morning session and on **athletes 15 years and over** in the afternoon session. Athletes may however attend both sessions if they wish.

The morning session will commence at 8.30. a.m.  
Finish time for the afternoon session will be approximately: 4:00pm

## EVENTS OFFERED

Athletics North Queensland will endeavour to offer coaching in the following areas. A minimum number of athletes in each event must be reached before the event coaching can be offered.

Sprints

Hurdles

Jumps

Throws

Middle Distance

## COST OF CLINIC FOR PARTICIPANTS

**\$30.00 per session (includes GST)** for all athletes registered with a State or Territory Association.

**\$60.00 for the full day**

Non-registered athletes will be required to pay an **additional \$12 (includes GST)** insurance levy (refundable should the athlete join an ANQ registered club).

Athletics North Queensland Development Squad members should contact the ANQ office for further details.

The registration fee includes -

- Highly qualified and experienced coaches (same coaches as for the Oz Squad Clinic).
- Clinic certificate
- Morning Tea

Application form together with a cheque or money order covering the costs should be forwarded to:

**ATHLETICS NORTH QUEENSLAND  
PO BOX 1566, AITKENVALE, QLD, 4814**

CLOSING DATE: Monday July 6 2009

## LOCAL COACHES, TEACHERS AND PARENTS

Local coaches, teachers and parents are encouraged to attend sessions of the clinic. They will have the opportunity to observe, learn and interact with accredited high performance coaches from the AT&FCA. The cost for this will be \$10.00 (includes GST) for the day.

## WHAT TO BRING

Athletes should bring the following to the clinic :

- Any personal equipment they might have such as throwing implements, starting blocks, etc which they can use while being coached. NB All normal competition will be supplied
- Hat, sunscreen, water bottle and long-sleeved shirt
- Paper and pen to take any personal notes.
- Morning tea will be provided BUT you need to bring your own lunch.

# REGISTRATION FORM

## Registration cannot be accepted unless the following is signed.

1. I the undersigned, in consideration of and as a condition of my attendance at this clinic for myself, my heirs, executors and administrators, hereby waive all and any claim, signed or cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my attendance or participation in this clinic.
2. This waiver, release or discharge shall be and operate in favour of Athletics North Queensland, any other associated organisation(s), members of the Association and all sponsors or officials, paid or voluntary and shall so operate whether the damage or cause is due to any act or neglect of any of them.

Signature..... Date.....

If you are under 18 years of age on the day(s) of the clinic a parent or guardian must sign this declaration.

I certify that I am the parent/guardian of .....

Who will be ..... years of age on ..... has my consent to attend this clinic.

Signature ..... Date .....

## ATHLETE'S APPLICATION FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ CLUB / SCHOOL \_\_\_\_\_

DO YOU HAVE A COACH? \_\_\_\_ NAME OF COACH \_\_\_\_\_

DO YOU HAVE MEDICAL PROBLEMS OR ALLERGIES (PLEASE LIST)

Number in order of priority, the discipline you wish to be coached in.

Sprints (100 - 800) \_\_\_\_\_

Hurdles (up to 400) \_\_\_\_\_

Long / Triple Jump \_\_\_\_\_

High Jump \_\_\_\_\_

Throws \_\_\_\_\_

Middle Distance (what distance) \_\_\_\_\_

PLEASE LIST LEVEL OF EXPERIENCE (BEGINNER, SOME EXPERIENCE, EXPERIENCED)

### OBSERVER

(COST: \$10.00 includes GST)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ CLUB / SCHOOL \_\_\_\_\_