



REGISTRATION FORM 2017-18

REGISTRATION YEAR: 1 April 2017 to MARCH 31, 2018

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

MEMBERS MUST SUBMIT THIS FORM TO THEIR LOCAL CLUB.

MEMBERSHIP DETAILS

Club Name

Mount Isa & District Athletics Association Inc.

Category

ATHLETE

PARA ATHLETE (Classification) _____

COMMITTEE (Position) _____

Master Athletes that also wish to be a member of Queensland Masters need to fill out the ANQ QMA Masters Form. Additional costs apply

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

For new registrations, Birth Certificate must be sighted.

Age as at 31.12. 2017

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.ccyipcq.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.ccyipcq.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: _____



MEMBER DETAILS FORM

Athletes Name:

.....
First Middle Last

Address:

.....

E-mail:

.....

D.O.B.: Age this year: Preferred Name

Gender: Male/Female Which school does athlete attend

PARENTS/GUARDIANS (only names needed after first child's form is completed)

First Name: Last Name:

Relationship: Home Phone: Mobile Number:

Address (if different to above):

First Aid Certificate holder? Yes/No Blue Card holder? Yes/No

Which of the following areas are you able to assist the club with?

Maintenance Canteen Marshalling Fundraising Working Bees
Coaching Officiating Other

First Name: Last Name:

Relationship: Home Phone: Mobile Number:

Address (if different to above):

First Aid Certificate holder? Yes/No Blue Card holder? Yes/No

Which of the following areas are you able to assist the club with?

Maintenance Canteen Marshalling Fundraising Working Bees
Coaching Officiating Other

OTHER EMERGENCY CONTACT

Name: Relationship: Phone:

MEDICAL INFORMATION

Doctor: Phone:

Address:

Medical Conditions:

Medications:

Signature: Date:

(If under 18yrs Parent/Guardian to sign)