



# QUEENSLAND ATHLETICS 2008-2009 REGISTRATION FORM

Registration Year: 1<sup>st</sup> April 2008 - 31<sup>st</sup> March 2009

## REGISTRATION CATEGORY

Club: .....

- Full Athlete                       AA Technical Official \*                       QA Life Member (free of charge)
- Non-Stadia Athlete                       Coach \*                       TID Program
- Dual Registration Athlete  
(complete section below)                       Volunteer \*

\* Blue Card Number: .....

### Dual Registration:

Primary Association:     Qld Little Athletics (U13-U15 Only)     Qld Masters Athletics     Qld Athletic League

## REGISTRATION DETAILS

First Name: ..... Surname: .....

Gender:     Male     Female    Date of Birth: ..... / ..... / .....

Postal Address: .....

Suburb: ..... State: ..... Postcode: .....

Home Phone: ..... Work Phone: ..... Mobile: .....

Email Address: .....

I would like to subscribe to the Queensland Athletics email newsletters.

Coach's Name: .....

Primary / High School: .....

I am a member of a Little Athletics Centre. Name of Centre: .....

I am an athlete with a disability. Classification (if applicable): .....

I am of Aboriginal and/or Torres Strait Islander descent.

### Privacy Statement:

Athletics Australia and its Member Associations will abide by all the conditions outlined in Commonwealth and State Privacy Laws.

## DECLARATION

I understand and acknowledge that the rules of Queensland Athletics, including, without limitation, By-Laws, Codes of Conduct and Policies (collectively "the Rules") may be varied from time to time.

I have read the Rules and agree to abide by the Rules. Further, I agree that I will read and abide by any variation to the Rules and I acknowledge that any such variations will be available on the Queensland Athletics website or directly from Queensland Athletics.

I consent to undergo drug testing under the auspices of ASADA and I consent to my name or image being used in Queensland Athletics publications or displayed on the website of the official QA photographer.

Signature: ..... Date: ..... / ..... / .....  
(parent / guardian signature required if under 18)

## CLUB DELEGATE SIGNATURE

Name: ..... Signature: ..... Date: ..... / ..... / .....

QA OFFICE USE ONLY:

Amount Paid: ..... Receipt Number: ..... Registration Number Issued: .....