G	NQ	RE	GIST	RAI	TION F	ORI	/ 2018- 1	9
H H	DUEENSLAND				YEAR: 1 APRIL, 2018			
				-	NSLAND IS AFFILIATED BELGIAN GARDENS, C	-		
				. FO DOX 00,	Ph: 07 47 214 99		JUN. 50 485 504 157	
Registrat			Email: admin@	athleticsno	orthqld.org.au Websi	te: www.ath	leticsnorthqld.org.au	
(Leave blank if nev	w or unknown)		ME	MBERS MUS	ST SUBMIT THIS FORM	TO THEIR LO	ICAL CLUB.	
MEMB		DETAILS	5					
Club Nar	ne							
Category				,		COMMITTEE	(Position)	
					sland Masters Registration	···		
				n)		OFFICIAL (Qu	ualification)	
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 R	egistered	(year)	*An ANQ CI	earance or Transfer Form-ANQ03 must be sub	mitted also
PERS	ONAL DE	TAILS						
First Name	•			Sur	name			
Gender	MALE	FEMALE	Date of Birth	For new registr	ations, Birth Certificate must be s		Age as at 31.12. 2018	
Address								
Suburb							Postcode	
Phone			Mobile			Work		
Email]
	Aboriginal or Torre	s Strait Islande	r descent?	YES				
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 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								
	a current Blue C				Expiry Dat			ed for
DECL	ARATION							
I am eligible Rules and I Internationa at the office and/or imag	e to participate in By Laws of Athlet al Association of A of Athletics North	competition ac tics North Que Athletic Federat h Queensland bublications, dis	cording to the eligil ensland, Memorand tion as amended fro upon request). I co	bility laws se dums, Article om time to ti onsent to un	et down by the By Laws es and By Laws of Athl me. (Copies of all Rule dergo drug testing under	of Athletics A etics Australia es & Regulation er the auspice	is registration form and decla Australia. I agree to abide by a and Constitution and Rules ons of AA, IAAF, etc can be as of ASADA. <u>I consent to m</u> tics North Queensland, Quee	all the s of the sighted y name
Signature						Date]
2.3/14/01/0	Daron	t / Guardians o	ignature required if	member is i	Inder 18 years			
CLUB	DELEGA	IE SIGN	NATURE					
Signature				Date		Birth Ce	rtificate Sighted Yes	No [
Position	Registrar	Secretary	Treasurer	Other	Payment Received \$		Receipt Number:	