



Dual Registration Form

1 October 2013 – 30 September 2014



CONTACT INFORMATION
 Information contained in this section must be completed in BLOCK letters.

First Name Home phone Work

Surname Mobile

Gender Male Female Date of Birth / / Email

Address **OTHER INFORMATION** School/university (if applicable)

City/Suburb Postcode

DISCIPLINE

Track & Field

Cross Country/Road Running

Race Walking

I am an athlete with a disability
 Classification

REGISTRATION INFORMATION

Little Athletics Centre

Little Athletics Number

Athletics NSW Club

Dual registered athlete (12-17 years) FREE

Declaration

In making this application for registration with Athletics New South Wales Ltd (ANSW) I declare that I agree to abide by the ANSW and Athletics Australia (AA) Constitutions and By-Laws, Codes of Conduct and the rules of the sport, the Member Protection Policy and the Sports Injury Insurance Policy, and I understand that these policies may be changed at any time by either ANSW or AA.*

I am an athlete and I am eligible to participate in competition in accordance with the By-Laws of AA.

I acknowledge that the sport has inherent risks and that injuries/losses could occur. I acknowledge that I am medically and physically fit to participate in the sport and will notify ANSW immediately if my fitness/medical condition changes.

I acknowledge that personal information provided will be used in accordance with the ANSW Privacy Policy adopted by the Board of ANSW on 26 February 2002.*

I agree to ANSW providing the personal information of my child/ren to Little Athletics Association of NSW for the purpose of offering Dual Membership.

I consent that photographs and video footage taken of the applicant may be used by ANSW for promotional purposes.

Parent/Guardian signature

Signature:

Date / /

Club Secretary/Registrar signature

Name

Signature

Date / /

ANSW Office Use

Payment received \$

Registration No.

*All policy documents are available on www.athletics.org.au and www.nswathletics.org.au