



# OLD COLLEGIANS

AMATEUR  
ATHLETIC  
ASSOCIATION

AN AFFILIATED BODY OF ATHLETICS VICTORIA INC

## AV REGISTRATION FORM (RESTRICTED)

PARTICULARS OF ATHLETE

Male  Female

NAME: \_\_\_\_\_  
(Block letters)                      Surname                      Given Name

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ TEL. NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME of APSOC CLUB: \_\_\_\_\_

ARE YOU A REGISTERED AV MEMBER?

YES  NO

If YES, name of club: \_\_\_\_\_

### DECLARATION:

I hereby make application for RESTRICTED MEMBERSHIP of ATHLETICS VICTORIA INC. through the ASSOCIATED PUBLIC SCHOOLS OLD COLLEGIANS AMATEUR ATHLETIC ASSOCIATION INC. 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 Rules and By-laws of Athletics Victoria Inc., Memorandum, Articles and By-laws of Athletics Australia and Constitution and Rules of the International Association of Athletic Federations as amended from time to time.

ACCEPTED

\_\_\_\_\_  
SIGNATURE of ATHLETE

\_\_\_\_\_  
APSOCAAA INC SECRETARY

DATE: \_\_\_\_\_

NOTE: All APSOCAAA Athletes must complete this form.