



# OLD COLLEGIANS

AMATEUR  
ATHLETIC  
ASSOCIATION

## INTRODUCTION OF ATHLETE FORM

FEES:

1. All new athletes over 18 years of age must pay a one-off joining/registration fee of \$30.00 prior to their first competition.
2. Your club may charge you a further membership fee, fixed by the club, if you compete more than twice.

Section A: New athlete to complete

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

NAME: \_\_\_\_\_

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

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

DATE of BIRTH: \_\_\_\_\_ GENDER:  Male  Female

AFFILIATED CLUB: \_\_\_\_\_

ALL ATHLETES MUST ANSWER THE FOLLOWING QUESTIONS:

1. Are you a current student of an APS school?  YES  NO

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

2. Are you a former student of an A.P.S. school?  YES  NO

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

3. During the current winter season, are you or do you intend to be a registered member of an Athletics Victoria club other than APS United, Haileybury, Old Melburnians, Old Scotch, Old Xaverians or St Kevin's, or an interstate athletics club?  YES  NO

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

DECLARATION

1. I agree to abide by all Rules and By-Laws of APSOCAA as amended from time to time.
2. In consideration of and as a condition of my entry in APSOCAA events for myself, my heirs, executors and administrators, I hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever which I might suffer or sustain in the course of or consequent upon my entry or participation in any APSOCAA event.
3. This waiver, release or discharge shall be and operate in favour of the APSOCAA and all its office bearers, officials and volunteers.
4. I undertake to withdraw from any APSOCAA event if I am medically or physically unfit to compete by reason of any recent or current illness.
5. I am aware of my obligation under the APSOCAA rules to have personal accident insurance whilst participating in APSOCAA events.

Signed: \_\_\_\_\_

Section B: Club representative to complete and fax to 03 9419 5229 by 6.00pm on the Thursday prior to the athlete's first race

DATE: \_\_\_\_\_ INTRODUCED BY: Name \_\_\_\_\_

Section C: Executive member to complete

Allocated Computer Number: \_\_\_\_\_  Eligible athlete  Invitation athlete

DATE: \_\_\_\_\_ APPROVED BY: Name \_\_\_\_\_