QUEENSLAND ATHELTIC LEAGUE REGISTRATION FORM 2020/2021

28 Gould Drive, Glass House Mountains QLD 4518

Phone: 0401 286 929 Email:surf-333@hotmail.com Website: www.qal.org.au

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Open | \*Women | \*Vets | Junior Athlete (U20) | Official | Coach/ Trainer | Member | Amount Paid | Rego. No. |
| QAL membership only  | $70 | $50 | $50 | $50 |  |  |  | $ |  |
| **Dual membership rate if you are a member of QMA, QA or QLA** | $50 | $35 | $35 | $35 |  | $15 | $15 | $ |  |

\*When registering in these categories, you are unable to compete in open events.

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_/\_\_\_/\_\_ Phone No: (H)\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_(Email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/ Trainers Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Last Registered with QAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If never previously registered please tick

Name of Queensland Athletics Club you are registered with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Surf Life Saving Club you are registered with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERFORMANCE SECTION A

If registering as an athlete this section must be completed.

Nominate your PERSONAL BEST TIME over EACH and EVERY distance in which you compete.

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Venue | Distance | H’cap (If any) | Track Type | Time | Hand held or Electric |
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# PERFORMANCE SECTION B

Nominate your best time for the past 12 months over each distance in which you compete. Please complete all relevant details to enable the handicapper to accurately assess your mark.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Venue | Distance | H’cap (If any) | Track Type | Time | Hand held or Electric |
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The Statutory Declaration must be completed by all competitors.

## **Statutory Declaration**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Full Name)

Of,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Full Address)

Do solemnly and sincerely declare that the statements contained in this registration application are true and correct and I make this solemn declaration conscientiously believing the same to be true and by the provisions of an Act of the Parliament of Queensland rendering persons making a false declaration punishable for willful and corrupt perjury.

SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLARED AT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_THIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEFORE ME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Address

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Status

THE STATUTORY DECLARATION MAY BE MADE BEFORE ANY OF THE FOLLOWING PEOPLE:

 1/ Accountants, 2/ Bailiffs, 3/ Bank Managers, 4/ Barristers, 5/ Clerk of Courts, 6/ Clerk of Petty Sessions, 7/ Commissioned Officers currently serving in the Defence Forces, 8/ Dentists, 9/ Doctors of Medicine, 10/ Elected Representatives of Federal, State and Local Government, 11/ Holders of Statutory Offices for which and annual salary is payable, 12/ Judges, 13/ Ministers of Religion who are authorised marriage celebrants, 14/ Pharmacists, 15/ Police Officers, 16/ Postal Managers, 17/ Full Time Public Servants of Commonwealth, State and Local Government who have been employed continuously for at least 5 years, 18/ Solicitors, 19/ Stipendiary magistrates, 20/ Teachers who are full time for at least 5 years, 21/ Vet Surgeons, 22/ Justices of the Peace, 23/ Commission of Declarations