



**ALBANY ATHLETICS CLUB (INC)**  
 PO Box 439 Albany 6331 www.albanyaths.myclub.org.au albanyaths@hotmail.com

## MEMBERSHIP FORM - 1<sup>st</sup> Oct 2017 - Sept 30<sup>th</sup> 2018

**Full Membership (12 Months): \$ 40.00**

- Includes Track and Field, Cross Country and Weights Room

**Associate Member (Non Competitor): \$ 10.00**

**Family Membership (Cross Country): \$120.00**

- (Four or more related family members living in the same address and fully dependant on family support)

**Albany Little Athletics Members for 2017/2018 Season: Free**

**TRACK-FIELD** - Members must be Twelve years of age and over.

**CROSS -COUNTRY** - Juniors\* Six - Eleven years old. Seniors\* Twelve – eighty+

**PLEASE NOTE:** Parents or Guardians with children under the age of sixteen must be aware of where their children are at all Cross-Country Events due to the many different venues condition.

**INDEMNITY (Please read front and back carefully and sign)**

- I the undersigned, in consideration of and as a condition of acceptance of my CLUB membership with the **ALBANY ATHLETICS CLUB INC**, for myself, my heirs, executor and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have arising out of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry and or participation any event organised by the **ALBANY ATHLETICS CLUB INC**.
- This waiver, release and discharge shall be and operate separately, in favour of all persons, corporations and bodies involved in or otherwise engaged in promoting or staging the events and the servants, agents, representatives, and officers of any of them and includes but is not limited to the **ALBANY ATHLETICS CLUB**, and shall operate whether or not the loss or injury or damage is attributable to the act or neglect of anyone or more of them.
- I the undersigned agree to abide by the constitution in good sportsmanship behaviour at all times as a registered member of **ALBANY ATHLETICS CLUB INCORPORATED**.

**I/WE WISH TO APPLY FOR MEMBERSHIP OF THE ALBANY ATHLETICS CLUB INCORPORATED AND ENCLOSE THE SUM OF: \$..... DATE OF PAYMENT: .....**

If paying by Direct Debit, Bank Details as Follows:

**CASH or DIRECT DEBIT (Please Circle)**

**Direct Debit: BSB: 066-500 Account: 0090-3836 Reference: Surname**

**IMPORTANT: All members and joint members must sign. Parent or guardian must sign for children under 18**

| FULL NAME (Please Print) | D.O.B. | AGE: | SEX:<br>M or F | Are You a<br>Little Aths<br>Member: | SIGNATURE: |
|--------------------------|--------|------|----------------|-------------------------------------|------------|
|                          |        |      | M / F          | Y / N                               |            |
|                          |        |      | M / F          | Y / N                               |            |
|                          |        |      | M / F          | Y / N                               |            |
|                          |        |      | M / F          | Y / N                               |            |

(Please use another registration form if more than four family members)

**ADDRESS:** \_\_\_\_\_

**POST CODE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:**

**Name..... Phone.....**

**Address.....**

**ADMINISTRATION CLUB USE ONLY:** Date of joining.....  
 Receipt No ..... Signed By: Treasurer or Secretary

Amount paid .....  
 Accepted: Yes..... No.....





# ALBANY ATHLETICS CLUB (INC)

P0 Box 439 Albany 6331.

## NOTES FOR YOUR GUIDANCE

### AND INFORMATION

1. Club membership covers the period Oct 1 > Sept 30 of the following year. No matter when you join. You pay the accepted fees for that year in the category you choose.
2. If your membership lapses you are generally allowed three weeks from the start of the season, but if you are competing **you must fill in a one-day membership** with the accepted fee until you have paid your registration. Everyone is urged to pay promptly to save unnecessary work by your Treasurer / Registrar officer.
3. Who needs a form? This form is completed by **all members**, including **Honorary** and **Life Members** who are not compelled to pay membership, but must pay for weights or costs other than membership fee (unless token and voted by executive club meeting decision).
4. **ALL MEMBERS MUST READ, FILL IN DATA, AND SIGN, PLUS JOINT MEMBERS MUST ALL SIGN.** For members under 18 years a Parent or Guardian must sign this form.
5. **JOINT MEMBERS** is generally limited to dependant family members only sharing the same address. A Family fee is charged. If more than four dependant family members, please fill in another membership form.
6. **All Members and Officials within the Club, must obey subject to the rules and guidelines in the running and safe environment in Athletic sporting and social activities.**
7. The Athletic Club clothing when available for sale. Example- running tops, singlets, rugby tops, hats at a cost fee to all club members. (Check and ask if available.)
8. **Parents.** You must understand that cross-country events may involve uneven surfaces and bush scrub environment. Please check that your child is able to compete with adequate clothing, shoes and physically and mentally capable of walking or running the required distance. (Please do not let them compete if unwell).
9. **Parents/Guardians** must read before signing the indemnity form and agree that their child/children participate only in the specified event for their child/ children age group in track and field events and cross country events and club activities.
10. The Albany Athletics Club (Inc) is covered by Insurance for its members under Athletics Australia insurance with XL Catlin Insurance Company
11. The Clubs aim is to have fun, friendship and participate in a healthy manner.

