Stawell Amateur Athletic Club Inc.

Registered No. AOO17834C

Established 1966

Known Medical Conditions:

President: Nathan Baker

Secretary: Naomi Hunter

Family Registration

ABN 44 480 123 624

North Park, Stawell

PO Box 360

Stawell, Vic 3380

2020 FEES: •SENIOR - \$25	•JUNIOR (14-21) - \$10 •SUB-JUNIOR (U14) - \$5	• FAMILY - \$35
NAME:			
DOB:	_ CATEGORY:	Senior / Junior / Sub Junior (Circle)	
ADDRESS:			
PHONE: Hm:	Wk: _	Mob:	
EMAIL:			
Known Medical Conditions:_			
DOB:	_ CATEGORY:	Senior / Junior / Sub Junior (Circle)	
ADDRESS:			
PHONE: Hm:	Wk: _	Mob:	
EMAIL:			
Known Medical Conditions:			
NAME:			
DOB:	_ CATEGORY:	Senior / Junior / Sub Junior (Circle)	
ADDRESS:			
PHONE: Hm:	Wk: _	Mob:	
EMAIL:			
Known Medical Conditions:_			
NAME:			
DOB:	_ CATEGORY:	Senior / Junior / Sub Junior (Circle)	
ADDRESS:			
PHONE: Hm:	Wk: _	Mob:	
EMAIL:			

DOB:	CATEGORY: Senio	or / Junior / Sub Junior (Circle)		
ADDRESS:				
PHONE: H	m: Wk:	Mob:		
EMAIL:				
Known Me	dical Conditions:			
NAME:				
DOB:	CATEGORY: Senio	or / Junior / Sub Junior (Circle)		
ADDRESS:				
PHONE: H	m: Wk:	Mob:		
EMAIL:				
Known Me	dical Conditions:			
	conduct of normal club activities and events, and f The information will be available for use by club of purpose of running club activities and events, publ information to the club of a personal nature, you a	Ve commit to only collecting information that is necessary for the for the safety of members and participants in club activities and events. If it is committee members and general members only for the express is is is in general results and ensuring participants' safety. In providing agree that you understand its necessity and agree with its use as have any questions regarding our compliance with legislation, or the ne of our club officers.		
ii)	Disclaimer: 1. I acknowledge that Stawell Amateur Athletic Club events involve the real risk of serious injury or even death from various causes including exertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, course or weather conditions, and other causes. 2. I understand that I should not compete in this event unless I have trained appropriately. 3. By competing I accept the risks necessarily flowing from my participation which could result in following loss of life of presumed injury. Accordingly I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands, and proceedings arising out of my participation and I hereby indemnify against all liability, including liability for their negligence and the negligence of others for all injury, loss or damages arising out of or connected with my participation. This release will extend to Stawell Amateur Athletic Club Officers, agents and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupants of land on which the event or any part of it is conducted, any statutory body or local authority having control upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever. I consent to myself or my dependents receiving medical treatment that the event coordinators think desirable during the event. 4. I consent to event organisers and the club officers or their appointees using my name, images, or likeness, before, during or ofter the event for event promotional, broadcasting or reporting purposes in any media, including on the official Stawell Amateur Athletic Club website, www.saac.com.au and Facebook 5. Safety precautions undertaken by organisers such as course supervisors, race safety briefings, safety checks are a service to me and other competitors but are not a guarantee of safety. 6. C			
Signature:_		Date:		
Signature of	parent or guardian (if under 18):	Date:		