

Allocated Tag No.

Sutherland District Athletics Club: Cross Country



PARTICIPATION FORM

ABN 88 671 904 276

First Name:		Last Name:			
Gender:	Female / Male	D.o.B:		Age:	
Street Address:					
Suburb:		Postcode:			
Phone:					
Email:					
Emergency contact:					

WHAT DOES IT COST TO RUN WITH US? ☐ \$5.00 timing tag fee

.. PLUS ... ☐ \$5.00 SDAC Cross Country season participation (*for the whole season!*)

.. PLUS ... one of the following ANSW Registration types. Register at: nswathletics.org.au

- ☐ **\$10 Community Member** – provides personal accident insurance ONLY – 16.9.2018 – 30.9.2019
- ☐ **\$0 Dual Member** – 11 – 17 years and a current LANSW Member - Eligible for ANSW + AA events
- ☐ **\$110 Club Member** – 11 years + - Eligible for 2 ANSW events (eg. State Relays, Masters/Club Champ)
- ☐ **\$120 RUNNSW Member** – 11 years + - Eligible for ANSW / AA events - April 1 to Sept 30 2019
- ☐ **\$410 Family Member** – One/both parents + unlimited children U/20 - summer + winter seasons
- ☐ **\$200 Open Member** – 20 years and over - summer + winter seasons
- ☐ **\$155 Junior Member** – 15,16,17,18 and 19 years - summer + winter seasons
- ☐ **\$120 Youth Member** – 14 years of age and under - summer + winter seasons
- ☐ **\$140 Concession Member** – Government Concession Card - summer + winter seasons

Accident waiver and release of liability. (*To be signed by parent/guardian if under 18 years*)

1. I hereby assume all of the risks of participating in SDAC events, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

2. I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in SDAC events.

3. I acknowledge that this **Accident Waiver and Release of Liability** will be used by the organisers of SDAC events in which I may participate and that it will govern my actions and responsibilities at such events. In consideration of my application and permitting me to participate in SDAC events, I hereby take action for myself, my heirs, executors and administrators.

Signature#: _____

Date: _____

#To be signed by Parent/Guardian if entrant is aged under 18 years.

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PARTICIPANT RECEIPT: _____

Date: _____

Tag No.

Thank you for joining with us in enjoying the great outdoors. Sutherland District Athletics Club is family-friendly. Your **participation**, in **race competition** and in **volunteering to help** (course marshalling, recording etc.) will be very much appreciated.

SDAC
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