



**CHERRYBROOK SENIOR & LITTLE ATHLETICS CLUB INC.**  
PO Box 455  
Pennant Hills NSW 1715

## **CLUB REGISTRATION & MEDICAL FORM FOR 2009** **(Winter ONLY)**

Registration No.:

Athletics NSW Ref No.:

↑ The above numbers will be completed by Cherrybrook Athletics ↓

**NB: If Athlete is under 18 Parent/Guardian to complete:**

Date: \_\_\_\_\_

**Male / Female**

*Please circle*

Athletes' Name: \_\_\_\_\_

*Surname*

*Given Name(s)*

Is this a New registration  Re-Registration  & No. of years with the Club? \_\_\_\_\_

*Please ✓ appropriate box*

AGE GROUP (Age as at 31 December 2007)	Fee \$	<i>Please ✓ Age Group</i>
Open (+20)	\$65.00	
Under 20 (18 + 19)	\$52.00	
Under 18 (15 to 17)	\$50.00	
Under 14	\$30.00	
Dual (LAANSW U13, U14 & U15)	\$20.00	
Age Concession (60+ or Pension/Seniors)	\$40.00	
Club Athlete (competes at club level ONLY)	\$30.00	
Club Associate (Club officials)	\$19.00	
Technical Official	\$10.00	

Do you consent to having your photograph and name on the club Website? **YES** **NO**

*Please circle your response*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*NB: If Athlete is under 18 Parent/Guardian to sign*

**Cherrybrook Athletics Inc. manages personal information in accordance with  
The National Privacy Principles.**

# ATHLETE MEDICAL FORM

**Athletes' Name:** \_\_\_\_\_  
Surname Given Name(s)

**Medicare No.:** \_\_\_\_\_

**Private Health Care Fund:** \_\_\_\_\_ **Card No.:** \_\_\_\_\_

**Please complete the following questionnaire:**

Medical Condition Do you suffer from?	Yes/No	Further information or special instructions for emergency action
<i>Epilepsy?</i>		
<i>Diabetes?</i>		
<i>Asthma?</i>		
<i>Allergies?</i>		
<i>Migraines or severe headaches?</i>		
<i>Fainting, dizzy spells, or sudden loss of consciousness?</i>		
<i>Any known disability?</i>		
<i>Other relevant medical information:</i>		
<i>Date of last tetanus injection:</i>		

I \_\_\_\_\_ give Cherrybrook Athletics permission to seek emergency medical treatment if required.

**For Cherrybrook Athletics Use ONLY:**

<b>PAYMENT OF:</b>	<b>\$</b> _____	<b>Receipt No.</b> _____	<b>Date</b> _____
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<b>Submitted to Athletics NSW</b>	<b>Date:</b> _____	<b>Received back:</b> _____
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**Registration Bib & information sent to Athlete:** \_\_\_\_\_

**Signed & dated by the Cherrybrook Athletics Senior Registrar as complete:** \_\_\_\_\_