

**ASSOCIATED PUBLIC SCHOOLS
OLD COLLEGIANS AMATEUR ATHLETIC ASSOCIATION INC.**

Allocated Computer Number:
Eligible athlete
Invitation athlete

INTRODUCTION OF ATHLETE FORM

FEES: All competing athletes will incur a levy to be paid by their Affiliated Club, with the exception of:

- (a) full time students aged 18 and under on 1 April in the year of competition;
- (b) first time runners.

DATE:

NAME of AFFILIATED CLUB:

ATHLETE'S NAME:

ADDRESS:

..... POSTCODE:

TEL: Mobile Home:

EMAIL:

DATE of BIRTH: GENDER:

ALL ATHLETES MUST ANSWER THE FOLLOWING QUESTIONS:

1. Are you a full-time student aged 18 or under on 1 April of this year? YES/NO
2. If YES, name of school:
3. Are you a current or former student of an A.P.S. school? YES/NO
4. If YES, name of school:
5. Are you or do you intend to be a registered member of an Athletics Victoria club (other than APS United, Haileybury, Old Melburnians, Old Scotch, Old Xaverians or St Kevin's) during the current winter season? YES/NO
6. If YES, name of club:

I agree to abide by all Rules and By-Laws of APSOCAA as amended from time to time.

ATHLETE'S SIGNATURE:

INTRODUCED BY:

APPROVED BY CLUB REP:

EXECUTIVE MEMBER:

**ASSOCIATED PUBLIC SCHOOLS
OLD COLLEGIANS AMATEUR ATHLETIC ASSOCIATION INC.**

INSTITUTED TO CONDUCT AND ADMINISTER THE CROSS COUNTRY RUNNING EVENTS OF THE ATHLETIC CLUBS OF THE ASSOCIATED PUBLIC SCHOOLS

(an Affiliated Body of ATHLETICS VICTORIA INC.)

AV REGISTRATION FORM (RESTRICTED)

PARTICULARS of ATHLETE ----- MALE / FEMALE

NAME
(BLOCK LETTERS) SURNAME GIVEN NAME

ADDRESS
..... POST CODE.....

DATE of BIRTH...../...../..... TEL. NO.....

NAME of APSOC CLUB.....

ARE YOU A REGISTERED AV MEMBER ? YES / NO

IF THE ANSWER IS YES, NAME OF CLUB.....

DECLARATION:

I hereby make application for RESTRICTED MEMBERSHIP of ATHLETICS VICTORIA INC. through the ASSOCIATED PUBLIC SCHOOLS OLD COLLEGIANS AMATEUR ATHLETIC ASSOCIATION INC. and declare that I am eligible to participate in competition according to the eligibility laws set down by the By-laws of Athletics Australia.

I agree to abide by all Rules and By-laws of Athletics Victoria Inc., Memorandum, Articles and By-laws of Athletics Australia and Constitution and Rules of the International Amateur Athletic Federation as amended from time to time.

ACCEPTED

.....
SIGNATURE of APPLICANT

.....
APSOCAAA INC. SECTY.

Date...../...../.....

NOTE: All APSOCAAA Athletes must complete this form.