



# ATHLETICS TASMANIA

Upper Domain Road, GLEBE TAS 7000

GPO Box 2051 HOBART TAS 7001

Phone: (03) 6234 9551

E-mail: [info@tasathletics.org.au](mailto:info@tasathletics.org.au) Website: [www.tasathletics.org.au](http://www.tasathletics.org.au)

ABN: 65 104 375 782



## ENTRY FORM - Individual 2017 Primary All Schools Cross Country

**DATE**

Tuesday 27 June 2017

**VENUE**

Symmons Plains Raceway, South of Launceston

**TIME**

First event starts at 11.30AM – **marshalling finishes 20mins before each event**

**ENTRY FEE**

**INDIVIDUAL** Entry fee is **\$15.00** (incl GST) per person per event. The fee includes membership of Athletics Tasmania for schools cross country competitions it conducts.

**CLOSING DATE**

**MONDAY 19 JUNE 2017 at 5.00 PM**

Family Name		First Name				
D.O.B.	Day	Month	Year	Sex	M	F
Parent's Surname		Parent's First Name				
ADDRESS	ADDRESS			STATE		POST CODE
	SUBURB			9 yrs (born '08) 10 yrs (born '07) 11 yrs (born '06) 12 yrs (born '05)		
	PHONE MOBILE			AGE GROUP PLEASE CIRCLE		
	Email Address			School		

### Waiver: (Entry can not be accepted unless signed)

- We, the undersigned, in consideration of, and as a condition of the acceptance of, the entry of the above named competitor in this event, for the competitor, the competitor's parents, guardians, executors and administrators, release the Event Organiser from all claims, demands and proceedings arising out of or in connection with my participation in the Event and I/We indemnify them against all liability (including acts of negligence to the fullest extent permitted by law) whatsoever and howsoever caused arising as a result of or in connection with my participation in the Event, including any loss whatsoever of personal property or otherwise.
- The waiver, release or discharge shall be and operate in favour of the Athletics Tasmania Inc, its affiliated Clubs and Branches as hosts for the Championships, Epic Events and Marketing Pty Ltd, any other associated organisation(s), members of the Association and all sponsors and officials, paid or voluntary and shall so operate whether, to the extent permitted by law, the damage or cause is due to any act or neglect of any of them.
- I/We agree to abide by the rules of Athletics Tasmania and the directions of its appointed officials. I/We consent to my/the competitor's name or image being used in Athletics Tasmania media releases, publications or displayed on the website of AT or its official photographer. I/We consent to receiving any medical treatment that Event Organisers think necessary during or after the event.

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

As you are under 18 years of age on the day of competition, this waiver must also be signed by a parent or legal guardian.

I certify that I am the parent of \_\_\_\_\_ who will be \_\_\_\_\_ yrs of age on 31 December 2017 and that he/she has trained for and has my consent to compete in this event.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PAYMENT DETAILS

I would like to pay by: ☐ VISA ☐ M/CARD ☐ CHEQUE ☐ M/ORDER ☐ CASH ☐

#### Card Details

Office Use Only

Number

Name  Exp. Date

Signature  CVC Number

Link for online payment of individual entry fee: <https://2017primaryxc.eventdesq.com/>

Please return this form to: Athletics Tasmania GPO Box 2051 Hobart, TAS 7001 OR [info@tasathletics.org.au](mailto:info@tasathletics.org.au)