



**Illawarra Blue Stars
Athletic Club Inc**

Membership Form

GENERAL INFORMATION SECTION

Family Name:

Members Joining

Office use only

	First Name	Date of Birth	Age Group	ANSW Fee	IBS Fee	Bib Number
1.						
2.						
3.						
4.						
5.						
6.						

Residential Address:

..... Postcode:

Postal Address:

..... Postcode:

Phone number: (home), (work), (mobile)

E-mail address:

Is the e-mail address at **home** or at **work**? (please circle)

CONFIDENTIAL

Do you or a family member registering with Illawarra Blue Stars Athletic Club Inc have a medical condition that the Club needs to know about, e.g. epilepsy, asthma, heart disease, etc.? Yes / No

If yes, please supply the Club with name of doctor and details (medication and special instructions) eg. how to administer medication or person to call to advise of emergency, etc.

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HELP SECTION

The Club cannot function without the valuable help and support of its members. There are many areas where members can assist, as shown in the table below. Could you please indicate where you or any family members may be able to assist. You will be required to fill in a NSW Government Child Protection Policy Form for some activities. If you require further information on any of the tasks listed, just ask any member of the Board.

Please enter name(s) and tick the appropriate column(s)

Family Name:

Task	Name(s)	Yes	No	Maybe
Coaching				
Technical Officiating				
Managing Equipment				
Social Activities				
Fund Raising				
Sponsorship				
Club Website				
Winter Cross Country				

Do you have other skills or are there any other ways in which you would like to help the Club?

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SIGNATURE SECTION (Form must be signed by all persons aged 18 or over)

I/we hereby apply for membership of Illawarra Blue Stars Athletic Club Inc. I/we agree to abide by the rules of the Club and of Athletics New South Wales. I/we authorise the Club to use the information provided on this form on the understanding that it will only be used where appropriate for the efficient running of the Club and the wellbeing of the members.

Name: Date: Signature:

Name: Date: Signature:

Name: Date: Signature:

Person signing as a parent or guardian for applicants under 18 years of age:

Name: Date: Signature:

PERMISSION TO SHARE PHOTOS

I hereby consent to photographs of myself, son/daughter being utilised by the Illawarra Blue Stars Athletic Club for the purpose of the IBS website and/or promotional material.

Name: Date: Signature: