

Victorian Athletic League Inc
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 VICTORIA 3121
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Victorian Athletic League Inc Registration Form Season 2011/2012

Type	Registration Category	Fee
A	Premium Registration (athletes can compete in all Victorian Athletic League events)	\$240.00
B	Standard Registration	\$160.00
T	Registered as a trainer only	\$100.00
F	First Year Registrations – over 25 years of age	\$100.00
Y	Youth / U21 – Student Only	\$50.00
S	Secondary Student - First year of competing in Youth races only	\$10.00
X	Free registration - available to first year athletes under 25 years of age and first year female athletes of any age who have never competed with the Victorian Athletic League.	Registration Free
I	INTERSTATE ATHLETES. – Must be a financial member of their Domiciled State League Must complete Victorian Athletic League registration form and return prior to or with first lot of Victorian entries	Domiciled State Registration fee
C	Combined Athlete Trainer – Premium + trainer	\$275.00
	Standard + trainer	\$200.00

Premium Registration allows athletes to compete in all Victorian Athletic League events.

Standard, Youth, First Year Registration and Free Registration allows athletes to compete in all Victorian Athletic League events where prize money is **less** than \$4,000 or the distance is 400m or further.

Note: Athletes may upgrade their registration during the season by paying the difference between their current registration and the proposed registration.

Registration with the Victorian Athletic League allows athletes to compete in interstate competition with QAL, TAL, SAAL and NSWAL without paying registration fees in those states.

Registration fee includes optional \$5.00 membership to the Victorian Runners and Trainers Association and includes GST.

Section 1 – PERSONAL DETAILS – To be completed by ALL athletes and trainers

Surname: _____ Given Name: _____

Address: _____

City/Town _____ State: _____ Post Code: _____

Phone No: _____ (h) _____ (w) _____ (m) _____

Date of Birth: ____ / ____ / ____ Sex: **Male / Female** (please circle)

Email Address: _____ (please print clearly)

Would you like the Victorian Athletic League to provide information, such as newsletters, to you by email? **YES / NO**

Occupation (Optional) _____

Would you like the Victorian Athletic League to contact you for business purposes? **YES / NO**

Previous Victorian Athletic League registration number (if known): _____

In order to ensure your eligibility for restricted races, the Victorian Athletic League requires the following details:

Have you ever competed with the VAL? **YES/NO** Are you a novice? **YES / NO**

NOTE: Proof of Age is required for all new registrations and athletes who did not register in season 2009/2010 - must provide a copy of one form of identification – Drivers License, Student Card, Passport or Birth Certificate

In completing the following sections, please note:

- Victorian athletes should complete sections 2, 4, 5, 7 and 8
- Trainers should complete sections 3, 5B, 7 and 8
- Interstate/International athletes complete sections 2, 5 and 7

Section 2 – TRAINER DETAILS – to be completed by ATHLETES ONLY

The information requested below will assist the Victorian Athletic League in:

- ensuring that runners who have the same registered trainer are not drawn together in heats, where practical; and
- allocating prizemoney to registered trainers of athletes for events where trainer prizemoney applies.

Are you self trained? **Yes / No** If no, please provide trainer's name and registration number (if known).

Trainers Name: _____ Trainers Reg. No: _____

In order to verify your performances, the Victorian Athletic League requires the following details:

Are you registered or do you intend to register or compete with a club, league or association external to the VAL? This includes any organisation that conducts athletic or running events of any kind or level (such as local, state, national, international or school/university or surf lifesaving). **Yes / No**

If so, which organisations, clubs, leagues or associations? _____

(Failure to declare an outside registration with an organisation that conducts athletic or running events of any kind will result in penalties.)

Section 3 – to be completed by TRAINERS ONLY

Please list the Victorian Athletic League registered athletes who are trained by you:

	Name	Reg. No. (if known)
1		
2		
3		
4		
5		
6		
7		
	Please attach a separate list if there is insufficient space to list all athletes.	

Please ensure you update the Victorian Athletic League office if there are any changes to the above list.

The Victorian Athletic League has established a database of registered trainers so that potential athletes who enquire with the Victorian Athletic League about obtaining a trainer can be advised of local registered trainers. Would you like your name to be included in to this database? **Yes / No**

Section 4 – To be completed by VICTORIAN ATHLETES ONLY

Please select one of the following:

I competed with the Victorian Athletic League in season 2010/11 and have provided details of any performance outside of Victorian Athletic League competition to the office of the League (please complete section 5B).

I competed with the Victorian Athletic League in season 2010/11 and have included updated details of any performances that have not been previously advised to the Victorian Athletic League. (complete section 5)

I did not compete with the Victorian Athletic League in season 2010/11 but have competed with the Victorian Athletic League previously and have included updated details of any performances that have not been previously advised to the Victorian Athletic League. (complete section 5)

I have never competed with the Victorian Athletic League and have included details of my personal best performances over each distance in which I have competed. (complete section 5)

Section 5A – Athlete Performances

Please provide details below of your Personal Best time over each and every distance in which you compete. Please complete all relevant details to enable the handicapper to accurately assess your handicap. In the case of handicap racing, your pb is your best rate per metre, not necessarily your fastest time. If you regularly compete in jump events, your pbs for these disciplines must be supplied. Please note all athletes previously registered with the VAL must supply their pbs. Veteran athletes (over 35) must supply their pbs from within the last 5 years. You will not be given a handicap in a particular distance, if you have not supplied pb details for that distance. If there is insufficient room please provide all relevant details in a separate attachment.

Date	Venue	Distance	H'cap (If Any)	Track Type	Time	Handheld or Electric

Please provide details of your best time during the past 12 months over each and every distance in which you compete. Please complete all relevant details to enable the handicapper to accurately assess your handicap.

Date	Venue	Distance	H'cap (If Any)	Track Type	Time	Handheld or Electric

It is the athlete's sole responsibility to ensure that all performances/times outside Victorian Athletic League sanctioned meetings, including interstate and amateur meetings, are submitted to the Victorian Athletic League in strict accordance with relevant rules and regulations. All information must be accurate, correct and verifiable. Any failure to abide by these rules and regulations will not be tolerated and will be subject to penalties as prescribed by the Rules and Regulations. The Victorian Athletic League office must be notified of all Personal Best times within seven days of their occurrence. If the athlete's next run is within this seven day period, the handicapper must be advised prior to the athletes competing. Interstate athletes must submit a complete, accurate and current Victorian Athletic League registration form, including performance sheet at the time of entering an event. The performance sheet shall be updated and submitted to the Victorian Athletic League handicapper prior to competing in any Victorian Athletic League sanctioned meeting.

Section 5B – Athlete History – to be completed by ALL ATHLETES and TRAINERS

All athletes should refer to the Victorian Athletic League Rules and Regulations in relation to disqualification procedures

- (a) Have you ever been disqualified for using performance enhancing drugs? **YES/NO**
- (b) Have you ever been disqualified in any other sport for any reason? **YES/NO**

If answering YES to either of the above questions please provide all details of the relevant disqualification/s:

Section 6 – Method of receiving information from the Victorian Athletic League

Entries, handicap marks and results are provided on the Victorian Athletic League website (www.val.org.au) and at each athletic meeting. The League can provide a hard copy of your handicap mark to your mailing address for a cost of \$20 for the season. Would you like your handicap marks to be sent to you by post? **YES / NO**

The Rules and Regulations of the Victorian Athletic League are available on the Victorian Athletic League website (www.val.org.au) and can also be sent to your email address on request. The Victorian Athletic League can provide a hard copy of the Rules and Regulations to your mailing address for a cost of \$5. Would you like a copy of the rules sent to you by mail? **YES / NO**

Section 7 – Statutory Declaration – to be completed by ALL ATHLETES and TRAINERS

I acknowledge that upon registering with the Victorian Athletic League and upon entering any competition conducted under its auspices, I am subject to, and shall abide by, the Rules and Regulations and Code of Conduct for Athletes of the Victorian Athletic League. I shall also abide by the drug regulations of the IAAF and Athletics Australia. In addition, I attest that I will be physically fit to compete safely in any Victorian Athletic League event and further acknowledge that I have sole responsibility for my personal possessions and athletic equipment during any Victorian Athletic League event.

I, _____
PRINT FULL NAME

Of _____
PRINT FULL ADDRESS

solemnly and sincerely declare that the statements contained in this registration application are true and correct. I make this solemn declaration conscientiously believing the same to be true and by the provisions of an Act of the Parliament of Victoria rendering persons making a false declaration punishable for willful and corrupt perjury.

Signature: _____ Date: _____

Declared at _____ this _____ day of _____ 20__

Before me _____
PRINT FULL NAME

PRINT FULL ADDRESS

SIGNATURE STATUS

The statutory declaration may be made before any of the following persons:

- | | | |
|--|---|---|
| 1. Accountants-Registered members of the Institute Of Chartered Accountants in Australia or the Australian Society of Certified Practising Accountants | 10. Elected representatives of Federal, State and territory Parliaments, Legislative Assembly of Norfolk Island and Municipal or Shire Councils | 17. Public Servants - Current full time employees of the Commonwealth, State, Territory or Local Government or Statutory Authorities, who have been employed continuously for at least 5 Years by their current employer. |
| 2. Bailiffs. | 11. Holders of Statutory Offices for which an annual salary is payable. | 18. Teachers – full time who have been teaching for more than five years at schools or tertiary institutions |
| 3. Bank Managers other than Managers of Bank Travel Centres. | 12. Judges. | 19. Veterinary surgeons. |
| 4. Barristers. | 13. Ministers of Religion who are authorised marriage celebrants | 20. Justices Of The Peace. |
| 5. Clerk Of Courts. | 14. Pharmacists | |
| 6. Clerks of Petty Sessions. | 15. Police Officers in charge of Police Stations or the Rank of Sergeant and above. | |
| 7. Commissioned Officers currently serving in the regular defence forces. | 16. Postal Managers | |
| 8. Dentists. | | |
| 9. Doctors of medicine. | | |

Section 8 – Payment

Registration Type (please specify type A, B, C, F, I, T, Y, S, X)		\$
Victorian Athletic League Rules and Regulations Book (\$5.00 – optional)		\$

TOTAL \$

Payment Method:

- Cash (do not send cash in mail)
- Cheque/Money Order attached
- Internet (pay account 013-400 2551-61682, please quote full name on payment details)
- Credit Card

Visa MasterCard Bankcard

Card Number _____ - _____ - _____ - _____

Expiry Date ____ / ____

Name on Card _____

Signed _____ Date: _____