



MARYBOROUGH AMATEUR ATHLETIC CLUB ANNUAL DAY-NIGHT CARNIVAL



Saturday 2nd October, 2010 Commencing at 1pm
Jock Anderson Athletic Oval, Gympie Road, Tinana, Maryborough.

The **DAY NIGHT CARNIVAL** is held on **Saturday 2nd** in conjunction with the **MARYBOROUGH MASTERS GAMES** which continues on **Sunday 3rd October**

AGE	100m	200m	400m	800m	1500m	3000m	5000m	400mW	800mW	3km W	L.J.	H.J.	T.J.	S.P.	Discus	Javelin
U/7 #																
U/8																
U/9												scissors				
U/10												scissors				
U/11												scissors				
U/12																
U/13																
U/14																
U/15																
U/16								B&G								
U/18								B&G								
OPEN					*	Women only	Men only									

Entry Fee: \$4.00 per Event. **PAYMENT MUST ACCOMPANY NOMINATION.** (Please make cheques payable to M.A.A.C.)

Send nominations to "NOMINATIONS OFFICER" M.A.A.C., PO Box 1147, MARYBOROUGH 4650. All inquiries, ph. Mel Ryan on 0419 700 512

Athletes must have reached 6 years of age.

* Open 1500m event to be run with the Masters event on Sunday 3rd.

AGE: Age on day. Eg. If you are 10 years old on Saturday 2nd, you compete as an U/11 year old.

This event has been sanctioned by QLAA & QA.

This form is for **U/7 to Open** athletes only. **Masters athletes are to contact Gary or Dell Steinhart, Ph 4121 2439 for an entry form**

Entries Close: Last Mail Thursday, 30th September, 2010. NO LATE NOMINATIONS ACCEPTED. PLEASE USE ONE FORM PER ATHLETE.

NAME:..... **Date of Birth:**..... **Age Group:**..... **M/F:**.....

Address:..... **Phone No.**..... **Email**

Club/School:..... **Reg. No.**..... **Signature:-**_____ (Parent to sign if under 18)

INSURANCE INDEMNITY FOR NON-REGISTERED ATHLETES:-

Parent/Guardian Declaration :-

In consideration of my child/athlete trialing Little Athletics at this Centre, by signing below, I acknowledge and consent to:-

Abiding by all QLAA rules and regulations, including those pertaining to trialist, myself as a parent/guardian and all those relevant to this Centre.

Any member of this Centre to seek emergency medical treatment for my child/athlete should they deem it necessary.

This Centre and QLAA keeping this form and any medical information provided on file in accordance with the QLAA Privacy Policy.

Trial Start Date ___/___/___ (i.e 2/10/10) Trial End Date ___/___/___ (ie 3/10/10)

Parent/Guardian Signature:-_____