 

**ENTRY FORM**

Date

Name

Address

Phone Number

Date of Birth

Age Group Male Female

QA/QMA Club Rego Number Visitor

Tick the box for each event you wish to compete in.

To ensure you are placed in the correct heat ­in the sprints, let us know your recent best time.

If you do not have a seed time or have never raced before just write **n/a**

60m Seed time

100m Seed time

100yards Seed time

150m Seed time

200m Seed time

250m Seed time

300m Seed time

400m Seed time

600m

800m

1000m

1500m

3000m Run/Walk

5000m Run/Walk

80/100m Hurdles

Long/Triple Jump

Shot Put

Discus

Javelin

Hammer

Weight Throw

56Ib Heavy Weight/

Super Heavy Weight­­

By signing this form, I agree that participating in athletics I am exposed to inherent risk of injury. By engaging in this athletics competition, I freely accept and fully assume all inherent risks, dangers and hazards that may cause serious personal injury. I accept and assume all risks and responsibility for losses, costs and damages I may incur as a result of my participation. I also agree to abide with all applicable COVID requirements.

 Sign