



# MARYBOROUGH AMATEUR ATHLETIC CLUB ANNUAL DAY-NIGHT CARNIVAL



**Saturday 1st October, 2011 Commencing at 1pm**  
Jock Anderson Athletic Oval, Gympie Road, Tinana, Maryborough.

The **DAY NIGHT CARNIVAL** is held on **Saturday 1st** in conjunction with the **MARYBOROUGH MASTERS GAMES** which continues on **Sunday 2nd October**

AGE	100m	200m	400m	800m	1500m	3000m	5000m	400mW	800mW	3km W	L.J.	H.J.	T.J.	S.P.	Discus	Javelin
U7 #																
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: \$5.00 per Event - Maximum of 7 events per athlete. \*\*PAYMENT MUST ACCOMPANY NOMINATION\*\*.** (All cheques payable to M.A.A.C.)  
**Send nominations to "NOMINATIONS OFFICER" M.A.A.C., PO Box 1147, MARYBOROUGH 4650. 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 2nd.  
**AGE:** Age on day. Eg. If you are 10 years old on Saturday 1st 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 Steinhardt**, Ph 4121 2439, for an entry form.

**Entries Close: Last Mail Friday, 23rd September, 2011. 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 triallist, 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 \_\_\_/\_\_\_/\_\_\_ (ie 1/10/11) Trial End Date \_\_\_/\_\_\_/\_\_\_ (ie 2/10/11) **Parent/Guardian Signature:-**\_\_\_\_\_