



Athletics Association
of Barbados Inc.
P.O. Box 46, Bridgetown Barbados W.I.
Building # 6 Harbour Industrial Estate, Harbour Road,
St. Michael

OFFICIAL USE ONLY	DATE RECEIVED	
Payment record(yy/mm/dd-date & initial)		

ATHLETES' REGISTRATION FORM

Barbados National ID #

NAME (please print full names)	Male	Circle Gender	Female
	D.O.B. (y/m/d)		
Club/School/ Independent			

ADDRESS

Tel: Mobile:

E:Mail

Name of Parent/Guardian

Address (if different from above)

Mobile	Home	Work
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Email

WAIVER: In consideration of the acceptance of my application for membership, I/My Executors and Administrators, HEREBY RELEASE and DISCHARGE the Athletics Association of Barbados Inc. (AAB) and its respective agents of and from all claims, demands, damages, costs and expenses arising by reason of my registration with the AAB or my participation in any AAB sponsored or sanctioned events. I agree to abide by all rules, procedures and policies of the Athletics Association of Barbados Inc. and the World Athletics (WA).

The AAB permits dual registration with a club and school, in the case of dual entries. I/legal guardian (for athlete under age 18) give the authority for entries and participation to :-

Signature of Applicant/Guardian(if applicant is under age 18)State relationship to registrant next to signature

CLUB	SCHOOL
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Club/School/Coach Representative Signature (Print Name next to signature)

Please initial next to your selection

In accordance with the WA and World Anti-Doping regulation I hereby agree to submit to anti-doping testing (In -competition and out -of competition) conducted or authorised by the AAB .

(1) The applicant or (parent/guardian if athlete is under age 18) and the authorised club/school representative must sign this form. (2) The rules of the AAB require a 90 day competition waiting period before a change in affiliation can be permitted. (3) Annual Registration fees are due no later than April 30th, payment thereafter shall incur late fees as published by the AAB. The annual registration fees for club/school athlete \$10.00; athlete- independent \$25.00

Signature of Applicant/Guardian (if applicant is under age 18) State relation to registrant next to signature

IMPORTANT- Please list any medical condition and all prescribed medication being taken on back of form