



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)		

**TEAM OFFICIALS REGISTRATION FORM** Barbados National ID #

NAME (please print full names) Male  Tick One  Female   
D.O.B. (y/m/d)

Club/School Affiliation  
ADDRESS

Tel: Mobile:  
E:Mail

Area of expertise: - Administration  Jumps  Thows  Sprints  Hurdles  Distance

Role:-  
Manager  Coach  Other

Please specify:-  
**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).

Signature of Applicant \_\_\_\_\_  
Signature of Team Leader (person duly authorised to act on behalf of club/team) \_\_\_\_\_

Please list Coaching and / or Sports Administration Certification Below

Course	Year	Level

Please list Coaching and / or Sports Administration experience below

Coaching Experience	#years	Sports Administration	#years

Please state any other area of interest in Track & Field you wish to participate in:  
\_\_\_\_\_  
\_\_\_\_\_

Note :- Registration Fee is \$25.00BDS. (Fees are subject to review and change, please call office to verify current fees.)

<http://aab.sports.bb/>

TEL: - 246 537 4684

Rev-Apr-2021