



Victorian Cross Country League REGISTRATION FORM

Registration
Number

SURNAME		FIRST NAME	
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ADDRESS			
	Street		
	Suburb	State	Postcode

PHONE		
	Business	Home
	Mobile	Other

EMAIL	
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PERSONAL			
	Sex	Date Of Birth	Age
	Height - cm	Weight - kg	
	Occupation		

RUNNERS MUST LIST THEIR SIX (6) BEST EVER PERFORMANCES - BELOW				
Date	Venue	Age	Distance	Time

Please forward this completed and signed registration form along with payment to

**Brian Marantelli
VCCL Registrar
1100/118 Kavanagh St
Southbank VIC 3006**

A Victorian Cross Country League Syllabus and Entry Form booklet will be forwarded to your nominated address once your registration has been processed

COMPETITORS DECLARATION
Must be signed before registration is processed

I, whose name appears below on this form in consideration and as a condition of acceptance of my registration, for myself, my heirs, executors and administrators, hereby waive all and any claim, right or action which I or they might have for and arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course or consequent upon my entry or participation in any Victorian Cross Country League event, I will abide by the rules

This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging Victorian Cross Country League events and servants, agents, representatives and officers or any of them, and shall operate whether or not loss, injury or damage is attributable to the act or neglect of any or more of them.

The race organiser reserves the right to alter the course and/or race format due to unforeseen circumstances. These changes may reflect altering the course either in format or logistically due to circumstances outside the control of the organiser and under the direction of sponsors, councils, police or other organisations that are associated with any Victorian Cross Country League event.

I agree to receive and pay for medical treatment including transport by ambulance, which is considered by organisers to be advisable before, during and after any Victorian Cross Country League event.

I acknowledge that it is my responsibility to advise the handicappers of the Victorian Cross Country League of any performances I have had between the time of completion of this form and my competition in the event which I have entered, and I understand failure to do so may result in a penalty.

I have read the above declaration and agree to abide by all race rules and directions as stated in the declaration and upon literature and other material distributed in connection with the event.

All information contained herein is true and correct.

Signature of Competitor _____ **Date** _____

COMPETITORS UNDER 18 and AT LEAST 14 YEARS OF AGE

Declaration must be signed by parent or guardian if competitor is under 18 years of age on the day of the first race on the VCCL calendar

I certify that I am the parent or guardian of _____ who will be _____ years of age on the day of the first race on the Victorian Cross Country League calendar, and that he / she has trained for and has my consent to participate in VCCL events

Signature of Parent/Guardian _____ **Date** _____

Name of Parent/Guardian _____

REGISTRATION FEES	Athlete \$70	Under 21 \$40	Social \$10	First Year Free	2016/17 AV/VAL/VMA Member \$0	\$	
	VCCL Official Club Singlet \$40		S	M	L	XL	\$
	Bulk Entry \$100					\$	
	Individual Race Entry @ \$20					\$	
	Cash	Cheque	Money Order	Registration No		TOTAL \$	
	Office Use Only						