



# REGISTRATION FORM SEASON 2010/11

Club

## How did you find out about Little Athletics?

School Visit ☐ Newsletter ☐ Media ☐ Family/Friend ☐  
Bring-a-Friend Day ☐ Other:

## Family Information

Parent/Guardian #1 Name:  Relationship to Athlete:

Home Phone:  Work Phone:  Mobile:

e-mail:  Occupation:

Parent/Guardian #2 Name:  Relationship to Athlete:

Home Phone:  Work Phone:  Mobile:

e-mail:  Occupation:

Address:  Suburb:  P/Code:

## Medical Details

Do you authorise medical treatment if needed? ☐ Do you have Ambulance Cover? ☐

## Athlete #1

Last Name:  First Name:  Preferred Name:

Date of Birth:  /  /  Gender: Boy: ☐ Girl: ☐ School:

Email:  Mobile:

Medical Information (allergies, etc)

<b>Centre to Complete</b>	Age Group: <input type="text"/>	New Registration?	Yes <input type="checkbox"/>	Proof: <input type="text"/>	Reg No: <input type="text"/>
			No <input type="checkbox"/>		

## Athlete #2

Last Name:  First Name:  Preferred Name:

Date of Birth:  /  /  Gender: Boy: ☐ Girl: ☐ School:

Email:  Mobile:

Medical Information (allergies, etc)

<b>Centre to Complete</b>	Age Group: <input type="text"/>	New Registration?	Yes <input type="checkbox"/>	Proof: <input type="text"/>	Reg No: <input type="text"/>
			No <input type="checkbox"/>		

## Privacy and Parent Declaration Statement

The Victorian Little Athletics Association Inc (LAVic) and Knox Little Athletics Centre (Knox LAC) are committed to the privacy of their members. I have the right to access the personal information the Association or Centre holds concerning me or my child/children and to request the correction of any errors.

I will ensure I review the Parent Information Handbook which outlines policies under which Little Athletics is governed.

I consent, unless I otherwise advise in writing to LAVic and/or Knox LAC, to the use of my child/children's details including name, image and likeness, before, during and after the season for promotional, broadcasting or reporting purposes in any media. I agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Centre and Association, including electronic news.

As parents or guardians of the above named athlete/s, I/we hereby apply for membership of the Association as Ordinary Member/s. In the event of my admission I agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to Ordinary Members.

I have read and understand the Codes of Conduct as relevant to Knox LAC and hereby agree to observe and abide by them. I also acknowledge and accept that the Centre can take action against me for failure to observe the Codes of Conduct in accordance with the Complaint and Dispute Resolution process.

In order to be covered by Insurance, I understand any subsequent parent or guardian officiating at Little Athletics events needs to register as an Ordinary Member on the required documentation provided by the Association.

Signature:

Adult # 1

Date:  /  /

Adult # 2

Date:  /  /