

Centre Name: Doncaster	No: 39
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Parent / Guardian Information

Family Name: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name: _____ Occupation: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Other Phone: _____ E-mail: _____

Medical Information

Permission to seek Medical Treatment if Needed: Yes No Do you have Ambulance Cover? Yes No

Athlete / Child 1

First Name: _____ Middle Int: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc) _____

Centre/Club to Complete

Age Group: Under **Gender:** Boy Girl **New Reg:** Yes No

Club Name: **Registration Number:** **Age Proof**

Athlete / Child 2

First Name: _____ Middle Int: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc) _____

Centre/Club to Complete

Age Group: Under **Gender:** Boy Girl **New Reg:** Yes No

Club Name: **Registration Number:** **Age Proof**

Athlete / Child 3

First Name: _____ Middle Int: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc) _____

Centre/Club to Complete

Age Group: Under **Gender:** Boy Girl **New Reg:** Yes No

Club Name: **Registration Number:** **Age Proof**

Privacy and Parent Declaration

- The Victorian Little Athletics Association Inc (VLAA) is committed to the privacy of its members. You have the right to access the personal information the Association holds concerning you or your child/children, and to request correction of any errors in it.
- I/we will ensure I/we receive the Parent Information Handbook which outlines policies under which Little Athletics is governed.
- I/we consent, unless I/we otherwise advise in writing to VLAA, to the use of my/our child/children's details including name, and also image and likeness, before, during or after the season for promotional, broadcasting or reporting purposes in any media.
- I/we agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Association.

As parents(s)/guardian(s) of the above named athlete/s, I/we hereby acknowledge the above and verify that all details on this form are true and correct. We hereby apply for membership of the Association as Ordinary Members. In the event of my/our admission I/we agree to abide by the Rules, Regulations, Codes of Behaviour, Guideline and Directives as they pertain to Ordinary Members.

Parent/Guardian: _____ Signature (Parent/Guardian #1) _____ Signature (Parent/Guardian #2) _____ Date

CLUB/CENTRE USE ONLY			
Paid: Cash <input type="checkbox"/> Cheque <input type="checkbox"/>	Club Receipt Number: _____	Entered: COL <input type="checkbox"/>	NARS <input type="checkbox"/>