

Doncaster Little Athletics Centre	Club:
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Parent / Guardian Information

Family Name: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name : _____ Occupation: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____ 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: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc): _____

Centre/Club to Complete

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

Club Name: **Registration Number:** _____ **Proof of age provided**

Athlete / Child 2

First Name: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc): _____

Centre/Club to Complete

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

Club Name: **Registration Number:** _____ **Proof of age provided**

Athlete / Child 3

First Name: _____ Family Name: _____

Date of Birth: _____ School: _____

Medical Information (allergies etc): _____

Centre/Club to Complete

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

Club Name: **Registration Number:** _____ **Proof of age provided**

Association Privacy and Parent Declaration Statement

Little Athletics Victoria 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 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 Little Athletics Victoria, to the use of my child/children's details including name, and also 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 Association, including electronic news.
- As a parent or guardian of the above named athlete, I hereby apply for membership of the Association as Ordinary Members. 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.
- In order to be covered by Insurance, I understand any subsequent parent or guardian officiating at Little Athletics events need to register as Ordinary Members on the required documentation provided by the Association.

Confirmation: I have read and understood the above Privacy and Parent Declaration

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: _____