

Registration Form

20___/0___ CENTRE: _____



Paid: _____ *Where did you hear about Little Athletics ?* Re-Reg Friends Paper
Receipt No: _____ Radio TV Leaflet School Other: _____

Athlete Information: Child 1

Surname _____ Given Names _____ Birth Date ___/___/___ Male / Female
School _____
Any allergies/disabilities/medical problems/long term medication YES / NO If Yes, please specify _____

Centre Use Only: U ___ B / G Rego No _____ Rego Type: NEW / RE / TRANSFER Proof of Age Sighted YES / NO Date ___/___/___

Athlete Information: Child 2

Surname _____ Given Names _____ Birth Date ___/___/___ Male / Female
School _____
Any allergies/disabilities/medical problems/long term medication YES / NO If Yes, please specify _____

Centre Use Only: U ___ B / G Rego No _____ Rego Type: NEW / RE / TRANSFER Proof of Age Sighted YES / NO Date ___/___/___

Athlete Information: Child 3

Surname _____ Given Names _____ Birth Date ___/___/___ Male / Female
School _____
Any allergies/disabilities/medical problems/long term medication YES / NO If Yes, please specify _____

Centre Use Only: U ___ B / G Rego No _____ Rego Type: NEW / RE / TRANSFER Proof of Age Sighted YES / NO Date ___/___/___

Family Information: Parents / Guardians named below are Members of the Centre and are entitled to participate in its management activities.

Mother/Guardian Surname _____ First Name _____ Occupation _____
Contact Address _____ Post Code _____
Phone _____ Mobile _____ Email _____

Do you have any coaching or officiating qualifications? If yes, what level? _____ What areas? _____

Are you interested in becoming a coach or official? YES / NO Do you have first aid training? YES / NO

In what areas of the Centre are you prepared to assist in (Please specify)? _____

Blue Card Number: _____ Expiry Date: _____ Sighted: YES / NO

Father/Guardian Surname _____ First Name _____ Occupation _____
Contact Address _____ Post Code _____

Phone _____ Mobile _____ Email _____

Do you have any coaching or officiating qualifications? If yes, what level? _____ What areas? _____

Are you interested in becoming a coach or official? YES / NO Do you have first aid training? YES / NO

In what areas of the Centre are you prepared to assist in (Please specify)? _____

Blue Card Number: _____ Expiry Date: _____ Sighted: YES / NO

Alternative Emergency Contact: _____ **Phone No:** _____
Relationship to Child _____

Optional Information: Are the children of Aboriginal or Torres Strait Islander descent? YES / NO

Parent/Guardian Declaration

(QLAA* - Queensland Little Athletics Association & ALA** - Australian Little Athletics)

In consideration of my child/children attending Little Athletics at this Centre, I consent to:

- Abiding by all QLAA* rules and regulation, including those pertaining to myself as a parent/guardian and those relevant to this Centre.
- My child/children being photographed and/or videoed at any QLAA* sanctioned event; such photos or videos taken can be used for training purposes; official QLAA*/ALA/QLAA Sponsor / Centre Publication; used on QLAA*/ALA** / Centre / QLAA preferred photographer websites.
- Any member of this Centre / QLAA* to seek emergency medical treatment for my child should they deem it necessary.
- This Centre and QLAA* keeping this registration form and any medical information provided on file in accordance with the QLAA Privacy Policy. (QLAA Privacy Policy can be viewed at www.qlaa.asn.au).
- Registration fees are **NON-REFUNDABLE**.

PARENT/GUARDIAN SIGNATURE: