SEASON 2008/2009 REGISTRATION FORM

Centre Name: **No:**

Parent/Guardian Information

Family Name: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name: _____ Occupation: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Other Phone: _____ Email: _____

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** ☐

For Online registrations please go to:
www.littleathletics.com.au
and click on the logo

McDonald's® Victorian Little Ath's Registration Program

CREDIT CARD: MASTERCARD & VISA ONLY

Cardholder Number

		Exp Date. /

Cardholder Name *Cardholder Signature*

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 parent(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, Guidelines and Directives as they pertain to Ordinary Members.

Parent/Guardian:

_____ _____ _____

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