



Season 2010 - 2011 Registration Form

Centre Name: **Casey Little Athletics Centre**

No. **154**

Where did you find out about Little Athletics?
Completed by new Registrations only

School Newsletter

School Visit by Little Athletics

Media

Flyer

Other

Bring a friend Day

Family/Friend

Parent/Guardian Information:

Family Name: _____

Family Code: _____

Parent/Guardian Name: _____ Occupation: _____

Parent/Guardian Name: _____

Postal Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Mother's mobile: _____
Father's mobile: _____ E-mail: _____

Medical Information:

Doctor's Name: _____

Doctor's Phone: _____

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

Athlete / Child:

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

Date of Birth: _____ School: _____

Medical Information (allergies etc):

Age Group: Under _____ Boy Girl New Reg: Yes

Club Name : Casey Little Athletics Centre Registration No. _____ Age Proof (for new registration)

Athlete / Child:

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

Date of Birth: _____ School: _____

Medical Information (allergies etc):

Age Group: Under _____ Boy Girl New Reg: Yes

Club Name : Casey Little Athletics Centre Registration No. _____ Age Proof (for new registration)

Athlete / Child:

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

Date of Birth: _____ School: _____

Medical Information (allergies etc):

Age Group: Under _____ Boy Girl New Reg: Yes

Club Name : Casey Little Athletics Centre Registration No. _____ Age Proof (for new registration)

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