



Season 2011 - 2012 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
Bring a friend Day

School Visit by Little Athletics
Family/Friend

Media
Flyer Other _____

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)

LAVic Privacy and Parent / Guardian Declaration Statement

Little Athletics Association of Victoria Inc (LAVic) 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 agree to abide by all LAVic rules and regulations, including those relevant to the Centre, including general and specific codes of conduct.
- I will ensure I review the Parent Information Handbook which outlines policies under which Little Athletics is governed.
- I agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Association, including electronic news.
- Understand that Association registration fees are non-refundable.
- As parent/s or guardian/s of the above named athlete/s, I/We hereby apply for membership of the Association.
- I consent, unless I otherwise advise in writing to LAVic, 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 verify that all details on this registration are true and correct.

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

Signature (Parent/Guardian #2)

Date