

# 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](http://www.littleathletics.com.au)  
 and click on the logo



**CREDIT CARD: MASTERCARD & VISA ONLY**

<small>Cardholder Number</small>			
<small>Cardholder Name</small>	<small>Cardholder Signature</small>	<small>Exp Date. /</small>	

**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