

## Relays - Casey Little Athletics Centre

Athlete's Name	Age Group	Sex	Mentone Only	All Relays
		M/F	Y/N	Y/N

### Parental/Guardian Consent

I consent to my child to complete in Relays and I will be available for duty

**Parent/Guardian Signature:**

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**Parent/Guardian email address:**

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**Parent/Guardian mobile number:**

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