

VICTORIAN LITTLE ATHLETICS SEASON 2009/2010 REGISTRATION FORM

Centre Name: <i>Bendigo</i>	No: 2
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<u>Parent/Guardian Information</u>		
Family Name: _____		
Parent/Guardian Name: _____	Occupation: _____	
Parent/Guardian Name: _____	Occupation: _____	
Postal Address: _____	Suburb: _____	Postcode: _____
Phone: _____	Mobile Phone: _____	Email: _____

<u>Medical Information</u>	
Permission to seek Medical Treatment if Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Athlete/Child 1</u>		
First Name: _____	Middle Init: ____	Family Name: _____
Date of Birth: _____	School: _____	
Medical Information (allergies etc): _____		
Centre/Club to Complete		
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration number: _____	Age Proof <input type="checkbox"/>

<u>Athlete/Child 2</u>		
First Name: _____	Middle Init: ____	Family Name: _____
Date of Birth: _____	School: _____	
Medical Information (allergies etc): _____		
Centre/Club to Complete		
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration number: _____	Age Proof <input type="checkbox"/>

<u>Athlete/Child 3</u>		
First Name: _____	Middle Init: ____	Family Name: _____
Date of Birth: _____	School: _____	
Medical Information (allergies etc): _____		
Centre/Club to Complete		
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration number: _____	Age Proof <input type="checkbox"/>

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/ren and to request correction of any errors in it.

*I/we will ensure I/we are informed of 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. Further information, comments or concerns can be made to President Tracy Wilson 0417518699.

*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 of 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