



Bendigo Little Athletics
 P.O.Box 824
 Bendigo, 3552

SUPPLEMENTARY ENROLMENT FORM

Mother's Name ; Father's Name :

Athlete/s Name : Family Name.....

Club Name: Date of BirthAge Group :

Address :

Phone No. (Home) (Mobile).....

Email Address

ASSISTANCE

Parents/ Guardians are required to assist in some way with the running of the Little Athletics weekly program. All assistance helps the program flow and finish on time. Not all tasks require previous athletic experience. Training will be provided where necessary. Please select an area where you would like to assist or you will be allocated a duty

- | | | |
|---|--|---|
| <input type="checkbox"/> Time Keeping | <input type="checkbox"/> Starter's Marshall | <input type="checkbox"/> OnTrack (Under 6 On |
| <input type="checkbox"/> Starter | <input type="checkbox"/> Field Event Assistant | <input type="checkbox"/> Data Entry/Recording |
| <input type="checkbox"/> Age Group Manager | <input type="checkbox"/> Equipment Setup | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Finish Marshall | <input type="checkbox"/> Equipment Pack up | |
| <input type="checkbox"/> First Aid : (please specify area of expertise):..... | | |
| <input type="checkbox"/> Other : (please specify)..... | | |
| Day I can assist – Friday Evening / Saturday Morning / Either day (Please circle) | | |
| <input type="checkbox"/> Canteen Assistance (Competition Days) | | |
| <input type="checkbox"/> Canteen Assistance Mid-Week (financial payment available). | | |

For more information contact Tracy Wilson on 54429201 / 0417518699 or Brett Houlden 0418324614

GENERAL

Would you be interested in attending regular coaching sessions throughout the season? Yes / No

Which events would you seek coaching for? _____

What days would be most suitable for coaching ? Mondays Wednesdays

Are you interested in attending Full Day Coaching Clinic? Yes / No

Are you interested in becoming a coach? Yes / No

DECLARATIONS

All children must be accompanied by an adult at all times while at the Bendigo Little Athletics Centre. All athletes must be fully registered and wearing the identification tag provided.

As the Parent/ Guardian of the above child/children, I agree my child /children named above will abide by the Rules and Policies of the Bendigo Little Athletics Centre Inc as outlined in the Season Booklet in the interest of Fair Play and in the Spirit of Little Athletics. I have read and agreed to the Bendigo Little Athletics Centre's Codes of Conduct.

Do you or your partner have a Working With Children's Check? Yes / No

If yes please specify your Card No. Name No.

Name No.

Medical Assistance

If my child sustains an injury, illness or other medical problem, I authorise the Bendigo Little Athletics Centre to arrange any medical assistance that may be required and I agree to pay all associated costs.

Parents/Guardian's Signature: **Date:**.....