

REGISTRATION FORM

20__/20__ CENTRE: _____

Paid: _____

Receipt No: _____

Athlete Information: Child 1

Surname _____ Given Names _____ Birth Date _____ Male/ Female

School _____

Any allergies/disabilities/medical problems/long term medication? YES/NO If Yes, please specify _____

Centre Use Only: U _____ B/G Rego No _____ Rego Type: NEW/RE/TRANSFER Proof of Age Sighted YES/NO Date _____

Athlete Information: Child 2

Surname _____ Given Names _____ Birth Date _____ Male/ Female

School _____

Any allergies/disabilities/medical problems/long term medication? YES/NO If Yes, please specify _____

Centre Use Only: U _____ B/G Rego No _____ Rego Type: NEW/RE/TRANSFER Proof of Age Sighted YES/NO DATE _____

Athlete Information: Child 3

Surname _____ Given Names _____ Birth Date _____ Male/ Female

School _____

Any allergies/disabilities/medical problems/long term medication? YES/NO If Yes, please specify _____

Centre Use Only: U _____ B/G Rego No _____ Rego Type: NEW/RE/TRANSFER Proof of Age Sighted YES/NO Date _____

Family Information: Parents/Guardians named below are Members of the Centre and are entitled to participate in its management activities.

Father/Guardian Surname _____ First Name _____ Occupation _____

Contact Address _____

Phone _____ Mobile _____ Email _____

Do you have any coaching or officiating qualifications? If yes, what level? _____ What areas? _____

Are you interested in becoming a coach or official? YES/NO Do you have first aid training? YES/NO

In what areas of the Centre are you prepared to assist in? (Please specify) _____

Blue Card Number: _____ Expiry Date: _____ Sighted: Yes/No

Mother/Guardian Surname _____ First Name _____ Occupation _____

Contact Address _____

Phone _____ Mobile _____ Email _____

Do you have any coaching or officiating qualifications? If yes, what level? _____ What areas? _____

Are you interested in becoming a coach or official? YES/NO Do you have first aid training? YES/NO

In what areas of the Centre are you prepared to assist in? (Please specify) _____

Blue Card Number: _____ Expiry Date: _____ Sighted: Yes/No

Alternative Emergency Contact: _____ Phone No: _____

Relationship to Child _____

Parent/Guardian Declaration (LAQ*-Little Athletics Queensland Association & LAA**- Little Athletics Australia)

In consideration of my child/children attending Little Athletics at this Centre, I consent to:

Abiding by all LAQ* rules and regulation, including those pertaining to myself as a parent/guardian and those relevant to this Centre. My child/children being photographed and/or videoed at any LAQ* sanctioned event; such photos or videos taken can be used for training purposes; official LAQ*/LAA**/LAQ Sponsor/Centre Publication; used on LAQ*/LAA**/Centre/LAQ preferred photographer websites.

Any member of this Centre/LAQ* to seek emergency medical treatment for my child should they deem it necessary.

This Centre and LAQ* keeping this registration form and any medical information provided on file in accordance with the LAQ Privacy Policy.

(LAQ Privacy Policy can be viewed at www.qlaa.asn.au)

Registration fees are **NON-REFUNDABLE**.

PARENT/GUARDIAN SIGNATURE: _____