



### Parent / Guardian Information

**Par/Gurd [1]** - First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Par/Gurd [2]** - First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Information

Permission to seek Medical Treatment if needed:- Yes [ ] No [ ]. Do you have Ambulance Cover? Yes [ ] No [ ]

### Athlete / Child 1

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Medical (allergies etc): \_\_\_\_\_

#### Sherbrooke Club to complete

Age Group: Under \_\_\_ POA [ ] B [ ] G [ ] New Registration Yes [ ] No [ ] Registration Number: \_\_\_\_\_

### Athlete / Child 2

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Medical (allergies etc): \_\_\_\_\_

#### Sherbrooke Club to complete

Age Group: Under \_\_\_ POA [ ] B [ ] G [ ] New Registration Yes [ ] No [ ] Registration Number: \_\_\_\_\_

### Athlete / Child 3

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Medical (allergies etc): \_\_\_\_\_

#### Sherbrooke Club to complete

Age Group: Under \_\_\_ POA [ ] B [ ] G [ ] New Registration Yes [ ] No [ ] Registration Number: \_\_\_\_\_

### Association Privacy and Parent Declaration Statement

Little Athletics Victoria 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 will ensure I review the Parent Information Handbook which outlines policies under which Little Athletics is governed.
- I consent, unless I otherwise advise in writing to Little Athletics Victoria, to the use of my child/children's details including name, and also image and likeness, before, during and after the season for promotional, broadcasting or reporting purposes in any media. I agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Association, including electronic news and alerts.
- As a parent or guardian of the above named athlete(s), I hereby apply for membership of the Association as Ordinary Members. In the event of my admission I agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to Ordinary Members.
- In Order to be covered by insurance, I understand any subsequent parent or guardian officiating at Little Athletics events needs to register as Ordinary Members on the required documentation provided by the Association.

**Confirmation: I have read and understood the above Privacy and Parent Declaration**

Parent/Guardian: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Signature (Parent/Guardian #1) Signature (Parent/Guardian #2) Date

### Duties / Areas of Interest

As you are aware, Little Athletics requires many parents and guardians to assist in various areas. Please indicate below the areas in which you would be able to assist or would like to learn more about. By no means would you be called on for duty every week (unless you wish to be). Please select atleast one area of interest.

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Canteen                  | <input type="checkbox"/> Sprint Track | <input type="checkbox"/> High Jump      |
| <input type="checkbox"/> BBQ                      | <input type="checkbox"/> Oval Track   | <input type="checkbox"/> Long Jump      |
| <input type="checkbox"/> Set-Up / Pack-Up         | <input type="checkbox"/> Shot Put     | <input type="checkbox"/> On Track       |
| <input type="checkbox"/> Registrations            | <input type="checkbox"/> Discus       | <input type="checkbox"/> Age Grp Co-Ord |
| <input type="checkbox"/> Training/Mid-wk Training | <input type="checkbox"/> First Aid    | <input type="checkbox"/> Other _____    |

**CENTRE USE ONLY** - Paid \$ \_\_\_\_\_  Cash  Chq - Receipt # \_\_\_\_\_ -  NARS entered -  COL entered  
 Online Registration:- LAV Rego # \_\_\_\_\_  Paid \$ \_\_\_\_\_ via Credit Card - LAV Rec# \_\_\_\_\_