

Centre Name: **WAVERLEY** No: **34**

Where did you find out about Little Athletics?

School Newsletter School Visit by Little Athletics Media
 Bring a Friend Day Family/Friend Moomba Other: _____

Parent/Guardian Information
 Family Name: _____
 Parent/Guardian Name: _____ Occupation: _____
 Parent/Guardian Name: _____ Occupation: _____
 Postal Address: _____ Suburb: _____ Postcode: _____
 Phone: _____ Other Phone: _____ Email: _____

Medical Information
 Permission to seek Medical Treatment if Needed: Yes No Do you have Ambulance Cover? Yes No

Athlete/Child 1
 First Name: _____ Middle Int: _____ Family Name: _____
 Date of Birth: _____ School: _____
 Medical Information (allergies etc): _____
Centre/Club to Complete
 Age Group: Under _____ Gender: Boy Girl New Reg: Yes No
 Club Name: _____ Registration Number: _____ Age Proof

Athlete/Child 2
 First Name: _____ Middle Int: _____ Family Name: _____
 Date of Birth: _____ School: _____
 Medical Information (allergies etc): _____
Centre/Club to Complete
 Age Group: Under _____ Gender: Boy Girl New Reg: Yes No
 Club Name: _____ Registration Number: _____ Age Proof

Athlete/Child 3
 First Name: _____ Middle Int: _____ Family Name: _____
 Date of Birth: _____ School: _____
 Medical Information (allergies etc): _____
Centre/Club to Complete
 Age Group: Under _____ Gender: Boy Girl New Reg: Yes No
 Club Name: _____ Registration Number: _____ Age Proof

Privacy

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/children, and to request correction of any errors in it.

Parent Declaration

I/we will ensure I/we receive 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.

As parent(s)/guardian(s) of the above named athlete/s, I/we hereby acknowledge 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 _____ Signature _____ Date _____