

Registration Form

Colleges Little Athletics



PAID \$ _____

Where did you hear about Little Athletics?

Re-Reg Friends Paper Radio TV Leaflet

Receipt No: _____

School Other

Child No 1

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes, please specify:

Age Group: **U** **B / G**

REGO NO: _____

Centre Use Only: _____ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

Child No 2

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes, please specify:

Age Group: **U** **B / G**

REGO NO: _____

Centre Use Only: _____ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

Child No 3

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes, please specify:

Age Group: **U** **B / G**

REGO NO: _____

Centre Use Only: _____ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

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

Mother/Guardian

Surname: _____ First Name: _____ Occupation: _____

Contact Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

→ Do you have any coaching or officiating qualifications: Yes No 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 (no qualifications necessary)?

Coaching Officials Canteen Age Marshall Other, please specify: _____

→ Do you have a Blue Card? Yes No If Yes, **Blue Card No:** _____ Sighted: _____ Expiry Date: _____

Father/Guardian

Surname: _____ First Name: _____ Occupation: _____

Contact Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

→ Do you have any coaching or officiating qualifications: Yes No 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 (no qualifications necessary)?

Coaching Officials Canteen Age Marshall Other, please specify: _____

→ Do you have a Blue Card? Yes No If Yes, **Blue Card No:** _____ Sighted: _____ Expiry Date: _____

Alternative Emergency Contact: Name: _____ Phone No: _____

Relationship to Child: _____

Optional Information: Are the children of Aboriginal or Torres Strait Islander descent? YES NO

Parent/Guardian Declaration:

(LAQ* Queensland Little Athletics Association LAA** Australian Little Athletics)

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 video 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:.....