# SEASON 2011/2012 REGISTRATION FORM
# ESSENDON LITTLE ATHLETICS CENTRE No.73

***Parent/Guardian Information***

Family Name: _____

Parent/Guardian Name: _____ Occupation: _____ Mobile _____

Parent/Guardian Name: _____ Occupation: _____ Mobile _____

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** ☐

Do you have a Working with Children Check Card? Yes / No

Name: _____

Number: _____

Expiry Date: _____

**CREDIT CARD: MASTERCARD & VISA ONLY (NON-REFUNDABLE)**

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*Cardholder Number*

| | | |
|---|---|---|
| | | Exp Date. / |

*Cardholder Name* *Cardholder Signature*

## *LAVic Privacy and Parent / Guardian Declaration Statement*

- Little Athletics Victoria (LAVic) 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/we agree to abide by all LAVic rules and regulations, including those relevant to the Centre, including general and specific Codes of Conduct.
- I/we will ensure I/we review the Parent Information Handbook which outlines policies under which Little Athletics is governed.
- I/we agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of LAVic, including electronic news.
- I/we understand that **REGISTRATION FEES ARE NON-REFUNDABLE**
- As parent/s or guardian/s of the above named athlete/s, I/we hereby apply for membership of the Association as Ordinary Members.
- I/we consent, unless I/we otherwise advise in writing to LAVic, 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.
- In order to be covered by insurance, I understand any subsequent parent or guardian officiating at Little Athletic events need to register as Ordinary Members on the required documentation provided by the Association
- I/we verify that all details on this Registration form are true and correct.

**Parent/Guardian:** _____ _____ _____

Signature (Parent /Guardian #1) Signature (Parent/Guardian #2) Date