

REGISTRATION FORM

20__/20__ CENTRE: _____

Paid: _____ Proof of Age Sighted YES/NO DATE _____
 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 Dual Registered Athlete (Y/N) QA No _____

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 Dual Registered Athlete (Y/N) QA No _____

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 Dual Registered Athlete (Y/N) QA No _____

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.

Agree to my child/ren being photographed and/or videoed and to the use of their name, image (including in photos or videos) and/or a quote for training purposes; official LAA or LAQ sponsor/centre publications, on LAA or LAQ centre approved photographer websites and being disclosed to Coles Supermarkets Australia Pty Ltd for general marketing and promotional activities, including publication online.

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.laq.org.au)

Registration fees are **NON-REFUNDABLE**.

PARENT/GUARDIAN SIGNATURE: _____