



TRIALIST FORM

20__ / 20__ season

Centre: _____

<i>Athlete Name</i>	<i>M/F</i>	<i>Birth Date</i>	<i>Age Group</i>	<i>Contact Number</i>	<i>Parent / Guardian</i>	<i>Signature</i>	<i>Trialist Start Date</i>	<i>Trialist End Date</i>

Parent / Guardian Declaration

In consideration of my Child / Children trialing Little Athletics at this Centre, by signing above I acknowledge and consent to:

- Abiding by all Queensland Little Athletics Association (QLAA) rules and regulations, including those pertaining to trialists, myself as a parent/guardian and those relevant to this Centre
- Any member of this Centre to seek emergency medical treatment for my child should they deem it necessary
- This Centre and QLAA keeping this form and any medical information provided on file in accordance with the QLAA Privacy Policy
- QLAA Privacy Policy can be viewed at www.qlaa.asn.au