

# Registration Form

2011-2012

CENTRE: ASPLEY LITTLE ATHLETICS CENTRE INC.

**APPROVED**



Paid: \_\_\_\_\_

Where did you hear about Little Athletics?

Re-Reg  Friends  Paper

Receipt No: \_\_\_\_\_

Radio  TV  Leaflet  School

Other: \_\_\_\_\_

### 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 Proof of Age Sighted YES / NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 Proof of Age Sighted YES / NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 Proof of Age Sighted YES / NO Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 \_\_\_\_\_ Post Code \_\_\_\_\_

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

**Father/Guardian** Surname \_\_\_\_\_ First Name \_\_\_\_\_ Occupation \_\_\_\_\_

Contact Address \_\_\_\_\_ Post Code \_\_\_\_\_

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 \_\_\_\_\_

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

### Parent/Guardian Declaration

(\*QLAA Queensland Little Athletics Association)

In consideration of my child/children attending Little Athletics at this Centre, I consent to:

- Abiding by all QLAA\* 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 QLAA\* sanctioned event; such photos or videos taken can be used for training purposes; official QLAA\*/Centre publication; used on QLAA\* / Centre websites.
- Any member of this Centre / QLAA\* to seek emergency medical treatment for my child should they deem it necessary.
- This Centre and QLAA\* keeping this registration 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](http://www.qlaa.asn.au)).

PARENT/GUARDIAN SIGNATURE: .....X.....