

# Registration Form

Season 2011 / 2012

## Deception Bay Little Athletics Centre Inc.



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: \_\_\_\_\_

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.
- 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](http://www.qlaa.asn.au)).
- Registration Fees are **NON-REFUNDABLE**

Parent/Guardian Signature: .....