

Centre Name: Caulfield **No:** 56

Parent/Guardian Information
 Family Name: _____
 Parent/Guardian Name: _____ Occupation: _____
 Parent/Guardian Name: _____ Occupation: _____
 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

For Online registrations please go to:
www.littleathletics.com.au
 and click on the logo



cash or cheque payment only

Caulfield LAC have NO credit card facilities

Privacy and Parent Declaration

- The Victorian Little Athletics Association Inc (VLAA) 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 will ensure I/we receive the Parent Information Handbook which outlines policies under which Little Athletics is governed.
- I/we consent, unless I/we otherwise advise in writing to VLAA, 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.
- I/we agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Association.

As parent(s)/guardian(s) of the above named athlete/s, I/we hereby acknowledge the above and verify that all details on this form are true and correct. We hereby apply for membership of the Association as Ordinary Members. In the event of my/our admission I/we agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to Ordinary Members.

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