

SEASON 2007/2008 REGISTRATION FORM

Centre Name: Diamond Valley	No: 8
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<u>Parent/Guardian Information</u>	
Family Name: _____	
Parent/Guardian Name: _____	Occupation: _____
Parent/Guardian Name: _____	Occupation: _____
Postal Address: _____	Suburb: _____ Postcode: _____
Phone: _____	Other Phone: _____ Email: _____

<u>Medical Information</u>
Permission to seek Medical Treatment if Needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have Ambulance Cover? Yes <input type="checkbox"/> No <input type="checkbox"/>

<u>Athlete/Child 1</u>	
First Name: _____	Middle Int: _____ Family Name: _____
Date of Birth: _____	School: _____
Medical Information (allergies etc): _____	
Centre/Club to Complete	
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration Number: _____ Age Proof <input type="checkbox"/>

<u>Athlete/Child 2</u>	
First Name: _____	Middle Int: _____ Family Name: _____
Date of Birth: _____	School: _____
Medical Information (allergies etc): _____	
Centre/Club to Complete	
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration Number: _____ Age Proof <input type="checkbox"/>

<u>Athlete/Child 3</u>	
First Name: _____	Middle Int: _____ Family Name: _____
Date of Birth: _____	School: _____
Medical Information (allergies etc): _____	
Centre/Club to Complete	
Age Group: Under _____	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/> New Reg: Yes <input type="checkbox"/> No <input type="checkbox"/>
Club Name: _____	Registration Number: _____ Age Proof <input type="checkbox"/>

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