

# CONFIDENTIAL Registration Form



SEASON \_\_\_\_\_

CENTRE \_\_\_\_\_

PAID (FULL): \_\_\_\_\_ RECEIPT No: \_\_\_\_\_ PAID (PART): \_\_\_\_\_ AMOUNT OWING: \_\_\_\_\_

RE-REGISTERING  NEW ATHLETE  TRANSFER

COME 'N TRY INFORMATION

1st Week (Date): / / **Where did you hear about Little Athletics?** DATE OF REGISTRATION \_\_\_\_\_

2nd Week (Date): / / Friends/Family  TV Promotion  Leaflet

School visit  Other \_\_\_\_\_

## Athlete Information:

**Child 1** FAMILY NAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GIRL / BOY

ANY ALLERGIES / DISABILITIES / MEDICAL PROBLEMS / LONG TERM MEDICATION? YES/NO  IF YES, PLEASE SPECIFY \_\_\_\_\_

CENTRE USE ONLY DATE / /

U \_\_\_\_\_ B / G REG No. \_\_\_\_\_ REGO TYPE NEW / RE / TRANSFER LAST SEASON'S REGISTERED No: \_\_\_\_\_

**Child 2** FAMILY NAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GIRL / BOY

ANY ALLERGIES / DISABILITIES / MEDICAL PROBLEMS / LONG TERM MEDICATION? YES/NO  IF YES, PLEASE SPECIFY \_\_\_\_\_

CENTRE USE ONLY DATE / /

U \_\_\_\_\_ B / G REG No. \_\_\_\_\_ REGO TYPE NEW / RE / TRANSFER LAST SEASON'S REGISTERED No: \_\_\_\_\_

**Child 3** FAMILY NAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GIRL / BOY

ANY ALLERGIES / DISABILITIES / MEDICAL PROBLEMS / LONG TERM MEDICATION? YES/NO  IF YES, PLEASE SPECIFY \_\_\_\_\_

CENTRE USE ONLY DATE / /

U \_\_\_\_\_ B / G REG No. \_\_\_\_\_ REGO TYPE NEW / RE / TRANSFER LAST SEASON'S REGISTERED No: \_\_\_\_\_

## Family Information: PARENTS / GUARDIANS NAMED BELOW ARE MEMBERS OF THE CENTRE AND ARE ENTITLED TO PARTICIPATE IN MANAGEMENT ACTIVITIES

**MOTHER / GUARDIAN** SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ P/CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FATHER / GUARDIAN** SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ P/CODE: \_\_\_\_\_

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 an official? YES / NO

In what areas of the Centre are you prepared to assist (no qualifications necessary)? Coaching  Officials  Canteen  Age Group Manager

Other (please specify) \_\_\_\_\_

**Alternative Emergency Contact:** \_\_\_\_\_ PHONE No: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT IF REQUIRED YES / NO  PARENT'S SIGNATURE \_\_\_\_\_

## Parent / Guardian Declaration

(SALAA = SA LITTLE ATHLETICS ASSOCIATION)

IN CONSIDERATION OF MY CHILD/CHILDREN ATTENDING LITTLE ATHLETICS AT THIS CENTRE, I CONSENT TO :

My Child / Children being photographed and/or videoed at any SALAA sanctioned event: such photos or videos taken can be used for training purposes; official Centre / SALAA publications; used on the SALAA website;

Any medical information provided be kept on file by this Centre and SALAA;

This registration form being kept on file by the Centre and SALAA;

My child / children receiving mail-outs from SALAA

**Parent / Guardian Signature:** \_\_\_\_\_