

Registration Form

Season 2018/2019

Jimboomba LAC



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: _____

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

Parent/Guardian Declaration: _____ (LAQ* Queensland Little Athletics Association LAA** Australian Little Athletics)

- 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).
 - Registration Fees are NON-REFUNDABLE

Parent/Guardian Signature: