



Woden Little Athletics Club
 PO Box 615
 Mawson ACT 2607

REGISTRATION FORM

Child 1	Given Names:		Surname:		
	Address:				
	Home phone:		Mobile Phone:		
	Email address:				
	Date of Birth: <small>Please Provide Proof of Age Passport or Birth Certificate</small>		Female / Male <small>Please circle</small>	Rego Number:	
	School:		Allergies:		
	Dual Registration? Provide AACT Reg'n No. (U12- U17 Only)		Proof of Age Sighted? <small>Please circle</small>	Y or N	Was Athlete Registered Last Year? Y or N

Child 2	Given Names:		Surname:		
	Home phone (if different to above):		Mobile Phone (if different to above):		
	Email address (if different to above):				
	Date of Birth: <small>Please Provide Proof of Age Passport or Birth Certificate</small>		Female / Male <small>Please circle</small>	Rego Number:	
	School:		Allergies:		
	Dual Registration? Provide AACT Reg'n No. (U12- U17 Only)		Proof of Age Sighted? <small>Please circle</small>	Y or N	Was Athlete Registered Last Year? Y or N

Please complete another page if you are registering more than 2 children

Parent Details	Parent 1 Name:		Mobile number:	
	Email address:			
	Parent 1 Name:		Mobile number:	
	Email address:			

If you are a new registration, how did you hear about Little Athletics?

Friends/Family	Flyer	School	Paper	TV	Radio	Other
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If a Woden Athlete recommended you to the club, please identify the athlete. Name of the athlete: _____

**** The athlete with the most registration referrals is eligible for a \$50 Athlete's Foot Voucher. Full details are available on the WLAC website.**

Are you interested in coaching or seeking coaching qualifications? **Yes** **or** **No**

Are you interested in taking an active role in your child's age group? **Yes** **or** **No**

Are you interested in being a First Aid Officer for the club? **Yes** **or** **No**

Can You Help WLAC with Sponsorship?

WLAC is a not-for-profit organisation that relies on registration fees, sponsorship and volunteer support to continue to improve on the facilities, equipment and athletic programs that we run. If you are in a position to provide financial or other support in-kind, we would appreciate your assistance.

Business Name: _____ **Phone No:** _____ **Support you can provide:** _____

Privacy and Authorisation

Personal information on this form is collected by Woden Little Athletics Club on behalf of ACTLAA. This information may be used by ACTLAA and the Club for Little Athletics purposes only. You may be contacted by ACTLAA or the Club to provide information about Little Athletics activities.

- In registering the above named athlete/s, I the legal parent/guardian, agree to the Centre or the ACTLAA seeking emergency medical treatment if so required. I acknowledge that I should seek from ACTLAA details of the types of insurance cover provided.
- I/we agree to be at the ground and assist the Club wherever needed when my/our child/children are participating in Little Athletics activities. Little Athletics is not just for children; parents must actively participate to ensure the safety of athletes and proper running of events. A condition of registration is that a family member MUST be available to assist the Club in some way.
- I DO / DO NOT agree to my child/ren being photographed at ACTLAA sanctioned events. These photos can be used for training purposes, official ACTLAA/ALA sponsor/Centre publications or on ACTLAA/ALA/Centre websites.
- I have read and understood the Woden Little Athletics Code of Conduct as provided on the website www.wlac.org
- I have read and understood the above.

Signature of
Parent/Guardian.....

Date:

Payment Method:	Prepaid Online (Receipt sighted)	Credit card (details below)	Cash	Cheque
Initial of Registrar:				

CREDIT CARD PAYMENT AUTHORISATION

I hereby authorise ACTLAA, through its agent IMG Sports Technology Group, to debit my credit card in the amount shown below.

Mastercard/Visa

Expiry: ____ / ____

Amount: \$ _____

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Cardholder Name: _____

Signature: _____

Centre Use Only: Registration fees:	\$	Receipt No:
Uniforms:	\$	Date Reg'n No./s issued:
TOTAL	\$	Signature of Registrar: (or authorised committee member)

UNIFORMS

SIZE	SHIRT	SINGLET	SHORTS	CHILD LYCRA TOP	CHILD LYCRA SHORTS	ADULT LYCRA TOP	ADULT LYCRA SHORTS	TOTAL
6								
8								
10								
12								
14								
16								
SML								
MED								
LGE								
OVERALL TOTAL								