

REGISTRATION FORM – 2007/08

Family Details	Name of parent/guardian:				Home Ph:		
	Other parent/guardian:				Mobile:		
	Mailing address:	Suburb/Town:		State	P'Code		
	E-mail Address:				Southern Cross Club Member:	YES / NO	
				Private Medical Fund: Yes/No	Ambulance Fund: Yes/No		

Child 1	Surname:				Centre Use Only	Reg'n No:		
	Given Names:	Sex:	Boy or Girl <small>Please circle</small>					
	Date of Birth:	/ /	School:		Pri or Sec <small>Please circle</small>	Age Group:		
Medical Information eg. Allergies and/or Regular Medication:					Proof of Age Sighted:			
					ACTAA (Seniors) Reg'n No (U12- U15 Only)			
					New Reg	Reg Last Year		

Child 2	Surname:				Centre Use Only	Reg'n No:		
	Given Names:	Sex:	Boy or Girl <small>Please circle</small>					
	Date of Birth:	/ /	School:		Pri or Sec <small>Please circle</small>	Age Group:		
Medical Information eg. Allergies and/or Regular Medication:					Proof of Age Sighted:			
					ACTAA (Seniors) Reg'n No (U12- U15 Only)			
					New Reg	Reg Last Year		

Child 3	Surname:				Centre Use Only	Reg'n No:		
	Given Names:	Sex:	Boy or Girl <small>Please circle</small>					
	Date of Birth:	/ /	School:		Pri or Sec <small>Please circle</small>	Age Group:		
Medical Information eg. Allergies and/or Regular Medication:					Proof of Age Sighted:			
					ACTAA (Seniors) Reg'n No (U12- U15 Only)			
					New Reg	Reg Last Year		

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, in-kind or other support, we would appreciate your assistance.

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

Privacy and Authorisation

Personal information on this form is collected by Centres/Clubs on behalf of ACTLAA. This information may be used by ACTLAA and/or the Centres/Clubs for Little Athletics purposes only. You may be contacted by ACTLAA or your affiliated Centre/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 my Centre details of the types of insurance cover provided.
- I/we agree to remain at the ground while my/our child/children are competing and/or training and I agree to assist the Club wherever possible. Little Athletics is not just for children; we need the active participation of parents to ensure the proper running of events and the safety of the athletes. A requirement of registration is that a family member MUST be available to assist the centre in some way.
- I do / do not give permission for my child's photograph to be used on the WLAC Website for the purpose of promoting the Centre's achievements or the ACTLAA endorsed photographer's website, for the purpose of purchasing photographs. Athletes names will not be identified against photographs.

Signature of Parent/Guardian..... **Date:**

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

Friends/Family	Flyer	School	Paper	TV	Radio	Other:
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