

**Box Hill Little Athletics Centre
Season 2011 / 2012 Registration Form**

Are you a returning existing member ? (circle applicable answer)				Yes / No		I approve occasional photos of my child/ren in Centre newsletter/handbook or website				Yes / No					
Parent/Guardian 1						Parent/Guardian 2									
First		Surname		First		Surname		First		Surname					
Occupation						Occupation									
Address						Address									
Suburb			Postcode			Suburb			Postcode						
Phone No.		H)		W)		m)		Phone No.		H)		W)		m)	
Email						Email									
Have WWC		Yes / No				Have WWC		Yes / No							
Family Doctor/Clinic						Phone						Do you have Ambulance Cover ?		Yes / No	

Athletes You Are Registering								
First Name	Surname	DOB	Proof	Under	Sex	School Attending	Club Rego. No. (if known)	Prohibitive Medicines or medical conditions

Little Athletics Victoria Inc (LAV) is committed to the privacy of its members. The Privacy Policy is contained in full on the LAV website (www.lavic.com.au). By providing the personal information of you and your child/ren, you acknowledge that you will review the Policy and you will contact the LAV, in writing, if you have any concerns about such Policy, or if you do NOT wish the personal information or photos of you or your child/ren to be used for the purposes detailed.

Your signature appearing on this form also is acknowledgment and acceptance your family consents to contributing to and completing duties as allocated or requested from time to time to assist in the smooth and timely running of competition on a minimum three weekly rotation basis throughout season 2010/2011.

As parent/guardian of the above named athlete/s, I hereby acknowledge the above and verify that all details on this form are true and correct.

Parent/Guardian: (Print name:) _____ **Signature:** _____
Date: / /20

Note: E. C. = Emergency Contact, WWC = Working With Children Check



Association Privacy and Parent Declaration Statement

Little Athletics Victoria Inc (LAVic) 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 will ensure I review the Parent Information Handbook which outlines policies under which Little Athletics is governed.

I consent, unless I otherwise advise in writing to LAVic, to the use of my child/children's details including name, and also image and likeness, before, during and after the season for promotional, broadcasting or reporting purposes in any media.

I agree to receive advertising or direct marketing information and initiatives from sponsors/support partners of the Association, including electronic news.

As a parent(s) or guardian(s) of the above within named athlete(s), I hereby apply for membership of the Association as Ordinary Members.

In the event of my admission I agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to Ordinary Members.

In order to be covered by Insurance, I understand any subsequent parent or guardian officiating at LAVic events need to register as Ordinary Members on the required documentation provided by the Association.