

CONFIDENTIAL Registration Form

SEASON 2010/11CENTRE Adelaide Eagles

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: _____