



Registration Details/ Re-Registration Form

Season
20__ / 20__

Regn Status:
 Reg'n No.
 Boy or Girl?

Club Code No. Records Held:
 Surname Given Names Middle Init
 Address
 P/Code
 H/Phone Alt. Phone DoB
 Email Address
 Age Group U/
 Date Regist'd Age Proof?
 New Reg'n
 School First Reg'd
 Yrs at Centre
 How did you find out about Little Athletics? Last Year's Status
 School Visit Newsletter Media Moomba VLAA ID 0
 Bring-A-Friend Day Family/friend Other InterAthls. Reg # 0
 VLAA Reg. Date

Medical Details: Do you authorise Medical Treatment? Private Med. Fund? Ambul. Fund?
 Emergency Info Asthma
 Medications Epilepsy
 Allergies Diabetes
 General Disability

Consent Items:

Is permission given to web site publicity? Accept Centre Mailouts? Accept Centre Emails?

Parent Details:

Adult#	Given	Surname	Relationship
2	Address		Occupation
	Suburb	State	P/code
	Home Phone	Work Phone	Mobile
	Email		

Doctor	Doctor Clinic
Doctor Phone	
Medicare No.	Medical Fund

Adult#	Given	Surname	Relationship
2	Address		Occupation
	Suburb	State	P/code
	Home Phone	Work Phone	Mobile
	Email		

Doctor	Doctor Clinic
Doctor Phone	
Medicare No.	Medical Fund

Privacy

The Victorian Little Athletics Association Inc (VLAA) 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.

Parent Declaration

I/we will ensure I/we receive the Parent Information Handbook which outlines policies under which Little Athletics is governed.
 I/we consent, unless I/we otherwise advise in writing to VLAA, to the use of my/our child/children's details including name, and also image and likeness, before, during or after the season for promotional, broadcasting or reporting purposes in any media.
 As parent(s)/guardian(s) of the above named athlete/s, I/we hereby acknowledge the above and verify that all details on this form are true and correct.
 We hereby apply for membership of the Association as Ordinary Members. In the event of my/our admission I/we agree to abide by the Rules, Regulations, Codes of Behaviour, Guidelines and Directives as they pertain to Ordinary Members.

Parent/Guardian Signature: _____ Signature: _____ Date: ___/___/___