

# Registration Form

## ALGESTER CENTRE



PAID \$ \_\_\_\_\_ Where did you hear about Little Athletics? ☐ Re-Reg ☐ Friends ☐ Paper ☐ Radio ☐ TV ☐ Leaflet  
 Receipt No: \_\_\_\_\_ ☐ School ☐ Other

### Child No 1

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender: Male ☐ Female ☐  
 Any Allergies/Disabilities/Medical Problems/Long Term Medication? ☐ No ☐ Yes, please specify: \_\_\_\_\_  
 Age Group: **U** **B / G**  
 REGO NO: \_\_\_\_\_

Centre Use Only: \_\_\_\_\_ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child No 2

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender: Male ☐ Female ☐  
 Any Allergies/Disabilities/Medical Problems/Long Term Medication? ☐ No ☐ Yes, please specify: \_\_\_\_\_  
 Age Group: **U** **B / G**  
 REGO NO: \_\_\_\_\_

Centre Use Only: \_\_\_\_\_ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Child No 3

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Gender: Male ☐ Female ☐  
 Any Allergies/Disabilities/Medical Problems/Long Term Medication? ☐ No ☐ Yes, please specify: \_\_\_\_\_  
 Age Group: **U** **B / G**  
 REGO NO: \_\_\_\_\_

Centre Use Only: \_\_\_\_\_ Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Family Information:** Parents/Guardians named below are Members of the Centre and are entitled to participate in its management activities.

### Mother/Guardian

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 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 official? ☐ Yes ☐ No Do you have first aid training? ☐ Yes ☐ No  
 → In what areas of the Centre are you prepared to assist in (no qualifications necessary)?  
☐ Coaching ☐ Officials ☐ Canteen ☐ Age Marshall ☐ Other, please specify: \_\_\_\_\_  
 → Do you have a Blue Card? ☐ Yes ☐ No If Yes, Blue Card No: \_\_\_\_\_ Sighted: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Father/Guardian

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Contact Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 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 official? ☐ Yes ☐ No Do you have first aid training? ☐ Yes ☐ No  
 → In what areas of the Centre are you prepared to assist in (no qualifications necessary)?  
☐ Coaching ☐ Officials ☐ Canteen ☐ Age Marshall ☐ Other, please specify: \_\_\_\_\_  
 → Do you have a Blue Card? ☐ Yes ☐ No If Yes, Blue Card No: \_\_\_\_\_ Sighted: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Alternative Emergency Contact:** Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_

**Optional Information:** Are the children of Aboriginal or Torres Strait Islander descent? ☐ YES ☐ NO

Parent/Guardian Declaration: \_\_\_\_\_ (LAQ\* Queensland Little Athletics Association LAA\*\* Australian Little Athletics)

In consideration of my child/children attending Little Athletics at this Centre, I consent to:

- Abiding by all LAQ\* rules and regulation, including those pertaining to myself as a parent/guardian and those relevant to this Centre.
- My child/children being photographed and/or videoed at any LAQ\* sanctioned event; such photos or video taken can be used for training purposes; official LAQ\*/LAA\*\*/LAQ\* Sponsor/Centre publication; used on LAQ\*/LAA\*\*/Centre/LAQ\* preferred photographer websites.
- Any member of this Centre/LAQ\* to seek emergency medical treatment for my child should they deem it necessary.
- This Centre and LAQ\* keeping this registration form and any medical information provided on file in accordance with the LAQ\* Privacy Policy. (LAQ\* Privacy Policy can be viewed at [www.qlaa.asn.au](http://www.qlaa.asn.au)).
- Registration Fees are NON-REFUNDABLE

Parent/Guardian Signature: .....