



BELCONNEN LITTLE ATHLETICS



COME AND TRY REGISTRATION FORM – 2023/24

Child 1		
Surname:		Given Name:
Date of Birth: / /	BOY / GIRL	Age Group:
Allergy/Medical Conditions:		
School:		Year Group:

Child 2		
Surname:		Given Name:
Date of Birth: / /	BOY / GIRL	Age Group:
Allergy/Medical Conditions:		
School:		Year Group:

Child 3		
Surname:		Given Name:
Date of Birth: / /	BOY / GIRL	Age Group:
Allergy/Medical Conditions:		
School:		Year Group:

Parent / Guardian Details:	
Surname:	Given Name:
Phone Number:	Holds WWVP Card: Yes / No Number:
Postal Address:	
Email Address:	
How did you hear about BLAC? Website / Flyer / Family & Friends / Facebook / Road sign	
Other:	

Year of Birth	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Age Group	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17

****** IMPORTANT PLEASE READ ******

PRIVACY and AUTHORISATION

- In registering the above named athlete/s for a 'Come and Try' session, 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 that Belconnen Little Athletics Centre (Inc.) and its officers and/or agents shall be released from and shall not incur any responsibility whatsoever for any accident or injury to the above named athlete/s or for the loss of damage to property of the athlete/s.
- I/We agree to fulfil responsibilities and duties on the Parent Roster and to help at carnivals my child may attend. Little Athletics is not just for children; we need the active participation of parents as well to ensure the proper running of events and the safety of the athletes.
- I agree that an authorised adult will be present at the ground at all times to provide adequate supervision to all children in my care. *A requirement of registration is that a family member **MUST** be available to assist the Centre in some way.*
- **I do / do not** (*circle one*) give permission for my child's photograph to be used on Belconnen LAC's or ACTLAA websites and social media accounts (Facebook) as well as the ACTLAA endorsed photographer's password protected website. Please note that athlete names will not be identified against photographs on the Websites or social media.
- 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.
- I agree that it is my responsibility to consult the handbook on the website www.belconnenathletics.org.au for program information, competition dates and rules etc.

Signature..... Date:/...../.....