



WESTON CREEK LITTLE ATHLETICS CENTRE



REGISTRATION FORM – 2009/10

FAMILY DETAILS	Name (Parent 1):	Work Ph:	Home Address:
		Mobile:	
		Email:	
	Name (Parent 2):	Work Ph:	Mail Address (if different):
		Mobile:	
		Email:	
Private Medical Fund?	Y or N Please Circle	Ambulance Fund?	Y or N Please Circle
		Home Ph:	

ATHLETE 1	Surname:	Preferred Name:	CENTRE USE ONLY	Reg'n No.:
	Given Names:			Age Group:
	Date of Birth: / /	Sex: Boy or Girl Please Circle	Proof of Age Sighted:	Y or N Please Circle
	Medical Conditions:		Registered Last Year:	Y or N Please Circle
	Medications:		New Registration:	Y or N Please Circle
	School:	Pri or Sec Please Circle	ACTAA (Seniors) Reg'n No. (U12-U15 Only)	
	I give permission for my child's photograph (with identifying name) to be published in the WCLAC Newsletter and ACTLAA promotions/reports for the 2009/10 season. Note: The newsletter will be accessible on the club's web site and if you agree to have the photograph published you need to be aware that the information on the website can be copied and used by any web user.			

ATHLETE 2	Surname:	Preferred Name:	CENTRE USE ONLY	Reg'n No.:
	Given Names:			Age Group:
	Date of Birth: / /	Sex: Boy or Girl Please Circle	Proof of Age Sighted:	Y or N Please Circle
	Medical Conditions:		Registered Last Year:	Y or N Please Circle
	Medications:		New Registration:	Y or N Please Circle
	School:	Pri or Sec Please Circle	ACTAA (Seniors) Reg'n No. (U12-U15 Only)	
	I give permission for my child's photograph (with identifying name) to be published in the WCLAC Newsletter and ACTLAA promotions/reports for the 2009/10 season. Note: The newsletter will be accessible on the club's web site and if you agree to have the photograph published you need to be aware that the information on the website can be copied and used by any web user.			

AUTHORISATION	<ol style="list-style-type: none"> In registering the above named athlete/s, I the legal parent/guardian, agree to the Centre or the ACTLAA seeking emergency medical treatment if so required. Agree that Weston Creek Little Athletics Centre 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. Agree that all children in my care will be accompanied by an authorised adult at all times during competition and training. Agree to help with the responsibilities and duties of a duty roster. The Club needs the active participation of parents to ensure the proper running of events and the safety of the athletes. For the benefit of the club, a family member shall assist the centre in some way. 		
	Signature of Parent/Guardian:		Date:

Can you help the WCLAC with Sponsorship??

The WCLAC is a non-profit organisation that relies on sponsorship and volunteer support to improve the equipment, facilities and programs. If you, your business or the company you work for are in a position to provide support (financial, in-kind or otherwise) please speak with our club president.

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. You may be contacted by ACTLAA or your affiliated Centre/Club to provide information about Little Athletics activities.