



Affiliated with:



Major sponsor:



QUEANBEYAN LITTLE ATHLETICS CENTRE (QLAC) REGISTRATION FORM 2009/10

CHILD 1

Surname: First name: Boy / Girl
 Date of birth: / / School:
 Allergies / Medical conditions:
 Details of regular medication/s:.....
 Is this the first time this child has been registered with QLAC?: Yes / No Was this child registered last year?: Yes / No
 Is this child (U12-U15 only) registered with an AACT club (seniors)? : Yes / No
 Is this child in an Ambulance Fund?: Yes / No Is this child in a Private Health Fund?: Yes / No

CHILD 2

Surname: First name: Boy / Girl
 Date of birth: / / School:
 Allergies / Medical conditions:
 Details of regular medication/s:.....
 Is this the first time this child has been registered with QLAC?: Yes / No Was this child registered last year?: Yes / No
 Is this child (U12-U15 only) registered with an AACT club (seniors)? : Yes / No
 Is this child in an Ambulance Fund?: Yes / No Is this child in a Private Health Fund?: Yes / No

CHILD 3

Surname: First name: Boy / Girl
 Date of birth: / / School:
 Allergies / Medical conditions:
 Details of regular medication/s:.....
 Is this the first time this child has been registered with QLAC?: Yes / No Was this child registered last year?: Yes / No
 Is this child (U12-U15 only) registered with an AACT club (seniors)? : Yes / No
 Is this child in an Ambulance Fund?: Yes / No Is this child in a Private Health Fund?: Yes / No

continued over

QLAC use only

Child 1: Reg'n No:
 Age group: U 6 7 8 9 10 11 12 13 14 15 16 17
 AACT (U12-U15) Reg'n No.
 Proof of age sighted: Yes / No / not required

Child 2: Reg'n No:
 Age group: U 6 7 8 9 10 11 12 13 14 15 16 17
 AACT (U12-U15) Reg'n No.
 Proof of age sighted: Yes / No / not required

Child 3: Reg'n No:
 Age group: U 6 7 8 9 10 11 12 13 14 15 16 17
 AACT (U12-U15) Reg'n No.
 Proof of age sighted: Yes / No / not required

Total Fees Paid \$..... Receipt No.:
 Date Reg'n No./s issued: / / 200...
 Signature of registrar (or authorised committee representative):

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian:

Mailing address:

.....

Phone (h): (w):

(mobile):

Email for sending club notices:

Name of Parent/Guardian:

Mailing address:

.....

Phone (h): (w):

(mobile):

Email for sending club notices:

PRIVACY and AUTHORISATION - please tick or circle a response to each statement

In registering the above named athlete/s, I the legal parent/guardian, agree to QLAC or the ACTLAA seeking emergency medical treatment, if required.

I acknowledge that personal information on this form is collected by QLAC on behalf of ACTLAA. This information may be used for ACTLAA and/or QLAC purposes only.

I agree that QLAC will not be held responsible for the loss or damage to the property of athletes.

I will ensure an authorised adult is present at the grounds at all times to provide adequate supervision to my children, registered athletes or not.

I acknowledge that my child's photograph may be taken on QLAC competition days and/or at ACTLAA carnivals by a photographer accredited by ACTLAA.

I acknowledge that my child's photograph may be taken by photographers from the Queanbeyan Age and/or the Canberra Times. QLAC does not take responsibility for the publication of these photographs.

I do / do not give permission for my child's photograph to be published in the QLAC newsletter TRACK ATTACK.

I do / do not give permission for my child's photograph to be published on the QLAC website.

I do / do not give permission for my child's photograph from ACTLAA carnivals to appear on a protected website and offered for sale.

Name of parent/guardian:

Signature of parent/guardian: Date:/...../ 200....