

FAMILY INFORMATION at Maroochy Little Athletics 2024-2025 Season



Name Parent Guardian 1 _____ Mobile: _____

Name Parent Guardian 2 _____ Mobile: _____

	Date of birth	Age Group	Rego No:
Athlete Name 1:	/ /	UNDER	
Athlete Name 2:	/ /	UNDER	
Athlete Name 3:	/ /	UNDER	
Athlete Name 4:	/ /	UNDER	
Proof of Age sighted: Yes / No			Registration number allocated in ResultsHQ

As a Parent or Guardian of a child, or children registered to participate during the 2024 - 2025 season at the Maroochy Little Athletics Centre, I accept and commit to the following:

When my child is at Little Athletics, I am responsible for the care of my child/children, regarding their behaviour, welfare and making decisions about their treatment in the event of an injury. I will ensure that I will personally be in attendance, or I will appoint a responsible adult to act on my behalf in caring for my child/children.

- I need to make a personal contribution to the smooth and efficient running of the program by assisting with tasks or projects where possible and follow the Code of Conduct as directed by the Centre Management.
- Take care of a specific age group on competition nights as an AGE MANAGER when required.
- VOLUNTEER BLUE CARD IS REQUIRED when working with children. Exemption is noted if applicable.

DECLARATION

I have read, understood and agreed to the conditions of the Family Information as outlined on this form.

Parent/Guardian 1 Initial: _____ Date: ___/___/___ Email: _____

Parent/Guardian 2 Initial: _____ Date: ___/___/___ Email: _____

<i>Office Use Only</i>	
Fully paid OnLine: Yes / No Online Registration Receipt: # Returning athlete Yes / No Triallist Registering Yes / No	Name 1. Blue Card Sighted: # Name 2. Blue Card Sighted: # Application for Blue Card made: Yes / No
Fair Play Voucher has been presented Yes / No Value \$ _____ Number # _____	Comments: Date: ___/___/___ Centre Rep: _____