

# FAMILY INFORMATION at Maroochy Little Athletics 2023-2024 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	
<b>Proof of Age sighted: Yes / No</b> <i>Initials.....</i>			

As a Parent or Guardian of a child, or children registered to participate during the 2023 - 2024 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
- Take care of a specific age group on competition nights as an AGE MANAGER as required

## 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>	
<b>Online Registration Receipt No: #</b> <b>Returning athlete Yes / No</b> <b>Triallist Registering Yes / No</b>	<b>Fully paid OnLine: Yes / No</b>  <b>Registration No allocated Yes / No</b>
<b><i>Fair Play Voucher has been presented</i></b>  Yes / No      Value \$ _____  Number # _____	Date: ___/___/___      Initials: _____