

# FAMILY INFORMATION at Maroochy Little Athletics 2022-2023 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 2022 - 2023 season at the Maroochy Little Athletics Centre, I recognise, 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 where possible
- Take care of a specific age group on competition nights as an AGE MARSHALL 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>	
Online Registration Receipt No: #	Trial fee PAID: \$
Payment made at Centre Receipt No: #	Fully paid OnLine: Yes / No
<i>Fair Play Voucher has been presented</i>	Payment Method at Centre: <input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS:
Yes / No      Value \$ _____	Amount Paid: \$ _____
Number # _____	Date: ____/____/____      Initials: _____