



Tuggeranong Little Athletics Association

REGISTRATION FORM – 2008/09 Season



Parent/Guardian 1 Name:		Parent/Guardian 2 Name:			Home Phone:		Work Phone:		Mobile:		
Address:			Suburb/Town:		State:	Postcode:	Email: (for TLAA information distribution)				
Child 1 Last Name:		Child 1 First Name:			Child 1 Birth Date / /		Boy/Girl Please circle	Child 1 School:			
Allergies/Medical conditions/Regular Medication:		Centre Use Only:	ACTLAA Reg'n No:	Age Group:	ACTAA Reg'n No (U12+):	Reg'd Last Season: Yes/No	New Reg'n: Yes/No	Proof of Age: Yes/No			
Child 2 Last Name:		Child 2 First Name:			Child 2 Birth Date / /		Boy/Girl Please circle	Child 2 School:			
Allergies/Medical conditions/Regular Medication:		Centre Use Only:	ACTLAA Reg'n No:	Age Group:	ACTAA Reg'n No (U12+):	Reg'd Last Season: Yes/No	New Reg'n: Yes/No	Proof of Age: Yes/No			
Child 3 Last Name:		Child 3 First Name:			Child 3 Birth Date / /		Boy/Girl Please circle	Child 3 School:			
Allergies/Medical conditions/Regular Medication:		Centre Use Only:	ACTLAA Reg'n No:	Age Group:	ACTAA Reg'n No (U12+):	Reg'd Last Season: Yes/No	New Reg'n: Yes/No	Proof of Age: Yes/No			

AUTHORISATION ** IMPORTANT PLEASE READ ******

1. 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. I acknowledge that I should seek from my Centre details of the types of insurance cover provided.
2. **I agree** that Tuggeranong Little Athletics Association 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.
3. **I agree** that all children in my care will be accompanied by an authorised adult at all times during competition and training.
4. **I agree** to assist in the running of the TLAA competition. Little Athletics is not just for children; we need the active participation of parents as well to ensure the proper running of events and the safety of the athletes.
5. **I do** / **do not** give permission for my child's photograph to be used on the TLAA website for the purpose of promoting the Centre's achievements.
(Please tick to indicate your preference)

Signature of Parent/Guardian Date:.....

If a new registration, how did you hear about Little Athletics? Friends/Family Flyer School Paper TV Radio Other

Can you help the TLAA with Sponsorship??

TLAA 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.