



2011 / 2012 REGISTRATION FORM

KEILOR LITTLE ATHLETICS CENTRE No: 46

Where did you find out about Little Athletics?
 New Registrations only - please circle one or more.

Keilor LAC brochure/ School Newsletter /LAPS School Visit /Local Paper/
 Billboard/ Bring a Friend Day/ Family or Friend/Keilor LAC website/ LAVic
 website/ McDonalds Family Restaurant/ IGA Store
 Other: _____

Parent/Guardian Information					
Parent/Guardian Full Name:		Mobile Number:		Occupation:	
Parent/Guardian Full Name:		Mobile Number:		Occupation:	
Postal Address:		Suburb:		Postcode:	
Home Phone:		**Email:	-----		

(*IMPORTANT NOTE: Email addresses will be stored on our Centre database (NARS) and will be used for the purpose of informing members of Centre related updates, weekly newsletters, important literature, fundraising and social events. Your email will also be stored on the LAVic database Clubs Online for any potential statewide athletic related information. (only one email can be registered per family)
 To have your email removed from either or both databases, please forward your request to dhill@tabcorppark.com.au

Medical Information	
Doctor's Name: _____	Doctor's Phone: _____
Permission to seek Medical Treatment if Needed? Yes/No _____	Do you have Ambulance Cover? Yes/ No _____

Athlete/Child 1			
First Name: _____	Middle Int: _____	Family Name: _____	
Date of Birth: <u>DD / MM / YY</u>	School: _____		
Medical Information (allergies or injuries etc) : _____			
Keilor LAC to complete			
Age Group: Under _____	Registration Number: _____	Gender: Boy / Girl _____	New Reg: Proof of Age sighted: Yes/ No _____
Please circle one: Returning/ Jnr Life Member / New / Trialing _____ Transferred from another Centre _____			

Athlete/Child 2			
First Name: _____	Middle Int: _____	Family Name: _____	
Date of Birth: <u>DD / MM / YY</u>	School: _____		
Medical Information (allergies or injuries etc) : _____			
Keilor LAC to complete			
Age Group: Under _____	Registration Number: _____	Gender: Boy / Girl _____	New Reg: Proof of Age sighted: Yes/ No _____
Please circle one: Returning/ Jnr Life Member / New / Trialing _____ Transferred from another Centre _____			

Athlete/Child 3			
First Name: _____	Middle Int: _____	Family Name: _____	
Date of Birth: <u>DD / MM / YY</u>	School: _____		
Medical Information (allergies or injuries etc) : _____			
Keilor LAC to complete			
Age Group: Under _____	Registration Number: _____	Gender: Boy / Girl _____	New Reg: Proof of Age sighted: Yes/ No _____
Please circle one: Returning/ Jnr Life Member / New / Trialing _____ Transferred from another Centre _____			

Please turn over to complete the registration process.

