

Koorringal Wagga Athletics Club

Club Contacts

President:

Craig Lucas
0429 665 065

Secretary:

Myriam Walker
0409 049 047

Registrar:

Angela Cook
0411 200 101

Dates to Remember

Online Registration:

Online registration for the 2014/2015 season is now open

Registration Dates:

Friday 29 August
Friday 5 September
Hockey Club Rooms
Jubilee Park
5.00 - 6.30pm

Registration fees:

Early Bird discount
(Expires 7pm 5/9/14)

1st Child \$90
2nd Child \$85
3rd Child \$80

After 7pm 5/9/14

1st Child \$95
2nd Child \$90
3rd Child \$85

First Club Night:

Friday 12 September
from 5pm

Season 2014/2015

Newsletter No. 1

30 July 2014

2014/2015 Registrations

Yes it's that time again. Registration nights will again be held at the Hockey Club rooms next to Jubilee Park on Friday 29th August and Friday 5th September, from 5.00pm until 6.30pm.

This season we are offering an 'Early Bird' Registration fee of \$90 for 1st child, \$85 for 2nd child and \$80 for all subsequent children payable online from now until 7pm on the September 5. The 'Early Bird' fee structure is also available on both of the registration nights. After this time registration fees will be charged at \$95 for 1st child, \$90 for 2nd child and \$85 for all subsequent children.

Preferred payment method for this season is online. Payment by cash or cheque is available on registration night please note that there is **no eftpos** facilities available. Cheques should be made payable to 'Koorringal Wagga Athletics Club'.

If you pay online please remember to come to one of the registration nights to collect your registration pack.

Amateurs and Dual Registrations

Senior Athletes and Little Athletics registered athletes who are wishing to register with Athletics NSW need to contact our seniors manager Mark Conyers on 0400 714 336 or 6931 3272 . Mark will also be available to speak to at the club registration nights.

Registering online

This year we are encouraging everyone to register online through the Little Athletics NSW website. Online registrations are now open (see below for how to register online). After registering online print off your Proof-of-Payment, complete the club Family Information Form and Working with children check available below and also on the club website. Then simply come to registration night to collect your registration pack and number.

How to Register: Returning Athletes

You would have recently received an email with your child's username and password from Little Athletics NSW. If you have forgotten them follow the directions on the registration page.

1. Go to the Club website www.kwa.org.au to find a link to online registrations with Little Athletics NSW.
2. Choose 'existing member' and login with the user name and password to complete your registration.
3. Print the Proof-of-Payment page and bring to registration night.

How to Register: New Athlete

1. Go to the Club website www.kwa.org.au to find a link to online registrations with Little Athletics NSW.
2. Choose 'new member'.
3. Choose 'Koorringal Wagga' from the drop down menu.
4. Follow the prompts to complete your registration.
5. Print the Proof-of-Payment page and bring to registration night with a Proof-of-Age document for your child ie. Birth Certificate or Blue Book etc.



2013/2014 State Team



Caitlin Lucas
U14 Girls 100m
Regional Carnival
Wollongong

Koorungal Wagga Athletics Club

PO Box 8569
Koorungal 2650

PHONE:
0429 665 065

FAX:
6922 5867

E-MAIL:
enquiry@kwa.org.au

We're on the Web!

See us at:
<http://www.kwa.org.au/>



Like us on
Facebook

Koorungal Wagga
Athletics Club

Registering after the season has commenced

We encourage everyone to come along to one of the two registration nights to complete their registration and collect their number and age group patches.

Registrations can be taken on any night of the season **before 5pm**. Simply, register and pay online as described above and bring the documents to the club registrar on the night **between 4.30pm and 5.00pm**.

Please be aware that the first few weeks of competition are very busy and that competition event sheets are prepared before the event day. If your registration is not completed on one of the registration nights it may take longer for your child's results to be entered and available online.

No registrations will be taken after 5pm on club nights.

Come and Try Nights

New Athletes may choose to come and complete two 'Come and Try' nights before registering.

'Come and Try' nights allow children who have never participated in athletics before to get a taste before making a commitment. Please sign on for your free 'Come and Try' at the announcers table **before 5pm** on club night.

Uniforms

Uniforms will be available for purchase on registration nights. Payment is made by cash or cheque only and must be made on the day.

All athletes are expected to wear club uniform at Friday night competition and to all carnivals.

Uniforms may also be purchased on club nights **between 4.30pm and 5.00pm** only.

Uniform Price list

Boys/Girls club singlet - \$20

Boys/Girls navy shorts - \$20

Girls bike shorts - \$20

Girls crop top and bike short set - \$40

Optional Extras

Caps - \$10

Bucket Hat - \$10

Club Polo Shirts - \$25

A selection of second hand uniforms may be available. Prices as marked.

IGA Patches (returning athletes only)

IGA is no longer a sponsor of Little Athletics NSW. Athletes wishing to compete at the zone, regional and state carnivals will be required to remove the IGA patch from their uniform.

Family Information Form
Season 2014/2015

Koorungal Wagga Athletics Club



Family Name: _____

CHILD 1

Name: _____ Gender: Male Female DOB: _____ Age Group: _____
(please include surname if different from above)

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes please specify: _____

CHILD 2

Name: _____ Gender: Male Female DOB: _____ Age Group: _____
(please include surname if different from above)

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes please specify: _____

CHILD 3

Name: _____ Gender: Male Female DOB: _____ Age Group: _____
(please include surname if different from above)

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes please specify: _____

CHILD 4

Name: _____ Gender: Male Female DOB: _____ Age Group: _____
(please include surname if different from above)

Any Allergies/Disabilities/Medical Problems/Long Term Medication? No Yes please specify: _____

Parent/Guardian information

Parent/Guardian 1:

Name: _____ Contact Address: _____
(please include surname if different from above)

Phone: _____ Mobile: _____ Email: _____

- Do you have any coaching or officiating qualifications: No Yes If Yes, what level? What areas?
- Are you interested in becoming a coach or official? No Yes Do you have first aid training? No Yes
- All parents/Guardians are required to assist at club nights usually on a rotation. Please indicate in what areas you would prefer to assist – no qualifications are necessary (NB at least one area must be indicated).

Parent/Guardian 2:

Name: _____ Contact Address: _____
(please include surname if different from above)

Phone: _____ Mobile: _____ Email: _____

- Do you have any coaching or officiating qualifications: No Yes If Yes, what level? What areas?
- Are you interested in becoming a coach or official? No Yes Do you have first aid training? No Yes
- All parents/Guardians are required to assist at club nights usually on a rotation. Please indicate in what areas you would prefer to assist – no qualifications are necessary (NB at least one area must be indicated).

Parent/Guardian Declaration:

I give permission for:

- Photo's of my child/children to be published on the club website/newsletter and other media. No Yes
- Using my email address to contact me in the event of club night cancellation, carnival news, parent roster and/or club newsletter. No Yes

In consideration of my child/children attending Little Athletics at this Centre, I consent to:

- Abiding by all LANSW rules and regulation, including those pertaining to myself as a parent/guardian and those relevant to this Centre.
- Any member of this Centre/LANSW to seek emergency medical treatment for my child should they deem it necessary.
- This Centre and LANSW keeping this form and any medical information provided on file in accordance with the LANSW* Privacy Policy. (LANSW* Privacy Policy can be viewed at www.lansw.com.au).

I understand that:

- I am required to complete a Working with Children Volunteer form which has been attached to this form (available at www.kwa.org.au)
- Registration Fees are NON-REFUNDABLE
- Little Athletics is NOT a drop off sport and that I WILL provide supervision for my child/children whilst they are participating in all Little Athletics activities, including club nights, training and club/representative carnivals.
- I am required to assist on club nights on a rotational basis and am expected to assist at carnivals my child/children are competing at, including club, zone, regional and state carnivals.

By signing this form I agree to the above mentioned conditions.

Parent/Guardian Signature:.....

Date:.....

MEMBER PROTECTION DECLARATION



The LANSW (Little Athletics NSW) has a duty of care to everyone associated with Little Athletics and to the individuals and organisations to whom the member protection policies/guidelines apply. As such, LANSW has certain requirements regarding background checks and completion of declarations, that must be adhered to.

All persons who do not have children participating in the Little Athletics activity at which they are volunteering; all coaches; all persons who may have unsupervised contact with children or young people; and anyone assisting in a 'high risk' role (e.g. overnight camp supervisor) MUST complete this declaration and return it to their centre or the LANSW (as applicable).

I _____ a worker/volunteer with _____
(name) (centre/LANSW)

of _____ born ____/____/____
(home address) (date of birth)

Sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences related to children or acts of violence.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
4. To my knowledge there is no other matter the LANSW may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
5. I will notify the president (centre) or CEO (LANSW) of the organisation engaging me immediately upon becoming aware that any of the matters set out in clauses one to four has changed.

Declared in the state of New South Wales on ____/____/____ (date)

Signature _____

Persons signing this form must also show proof of ID.

(✓) Administrator to tick box when ID sighted.

If the person signing the declaration is under 18 years their parent/guardian must also complete the consent below

PARENT/GUARDIAN CONSENT (to be completed only if declaration is made by a person under the age of 18 years)

I have read and understood the declaration provided above. I confirm and warrant that the contents of the declaration above as provided by my child or a child under my guardianship are true and correct in every particular.

Name _____

Signature _____

Date ____/____/____

Completed forms must be returned to the relevant organisation (centre/LANSW).
This form will be held securely on file by the organisation as stated for a period of 5 years.

Little Athletics Association
of New South Wales Inc.
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Harris Park NSW 2150
Locked Bag 85
Parramatta NSW 2124

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Foundation for all sports