

Koorringal Wagga Athletics Club Family Information Form

Season 2018/2019



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:

- Photos 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 Little Athletics NSW Working with Children Declaration 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:.....