



Trial / Visiting Athlete form

ATHLETE'S DETAILS

Please Select Trialist Visiting LANSW Registered Athlete

Athlete's Name _____

Athlete's DOB _____ Athlete's Gender _____

Athlete's Centre _____ Registration # _____

Medical Conditions?
If so, please list condition and treatment plan

PARENT/GUARDIAN CONTACT DETAILS

Contact Name _____

Contact Number _____

Email Address _____

As parent/guardian of the above-named athlete and in consideration of my child attending Little Athletics, I;

- Agree to abide by all LAANSW* rules and regulations, including those pertaining to myself as parent/guardian and those relevant to the Centre, including general and specific codes of conduct
- Agree to my child/ being photographed and/or videoed at any LAANSW* sanctioned event, such photos or video taken can be used for training purposes; official LAANSW*/ALA** sponsor/Centre publication; used on LAANSW*/ALA**/Centre approved photographer websites
- Agree to the Centre and LAANSW* keeping personal information on file in accordance with the LAANSW* Privacy Policy. I acknowledge that I will review the Policy and will contact the LAANSW* in writing, of any concerns about such Policy or where I do not wish the personal information of myself or my child to be used for the purposes detailed. (The Privacy Policy can be viewed on www.littleathletics.com.au)
- Understand that although the LAANSW* and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken. I release and hereby indemnify LAANSW*, its officers, servants, agents and service providers from and against damages, claims or demands in respect thereof
- I give Manly Warringah Little Athletics Centre permission to seek emergency treatment for my child listed above if necessary
- Verify that all details on this form are true and correct

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

CENTRE USE ONLY

Date	Registration # Given	Amount Paid	Payment type	Signature