

REGISTRATION FORM – 2009/10

CENTRE NAME:

Lanyon

Please print clearly.

Child 1 Surname:			Allergies:
Given Names:			
Birth Date:	Sex: Boy / Girl		Regular Medication:
School/preschool:			
Friend Consideration (2 max-not gtd)			List previous seasons years registered:
Centre Use Only	Reg'n No:	Age Group:	ACTAA (Seniors) U12-U15 only registration no if applic:
Reg'd last Season: Yes / No	Rec No:		Proof of Age: Yes / No

Child 2 Surname:			Allergies:
Given Names:			
Birth Date:	Sex: Boy / Girl		Regular Medication:
School/preschool:			
Friend Consideration (2 max-not gtd)			List previous seasons years registered:
Centre Use Only	Reg'n No:	Age Group:	ACTAA (Seniors) U12-U15 only registration no if applic:
Reg'd last Season: Yes / No	Rec No:		Proof of Age: Yes / No

Child 3 Surname:			Allergies:
Given Names:			
Birth Date:	Sex: Boy / Girl		Regular Medication:
School/preschool:			
Friend Consideration (2 max- not gtd)			List previous seasons years registered:
Centre Use Only	Reg'n No:	Age Group:	ACTAA (Seniors) U12-U15 only registration no if applic:
Reg'd last Season: Yes / No	Rec No:		Proof of Age: Yes / No

Child 4 Surname:			Allergies:
Given Names:			
Birth Date:	Sex: Boy / Girl		Regular Medication:
School/preschool:			
Friend Consideration (2 max-not gtd)			List previous seasons years registered:
Centre Use Only	Reg'n No:	Age Group:	ACTAA (Seniors) U12-U15 only registration no if applic:
Reg'd last Season: Yes / No	Rec No:		Proof of Age: Yes / No

Parent Assistance Form - MANDATORY

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. A requirement of registration is that a family member be available to assist the centre in some way.

Each family **MUST** provide one official every second week, however please feel free to offer more assistance than this. The more helpers we have, the smoother our competition runs.

NOTE – EVERY TEAM WILL BE ROSTERED ON TO DO A SET UP AND/OR BBQ AND/OR CANTEEN ROTATION DURING THE SEASON.

Parents/Officials are given all the tuition, help and information they need to perform their duties. If this is your first season with Lanyon Little Athletics, please talk to a Lanyon Representative before completing this form.

- Please note:
- That not all age groups compete in all events.
 - We require multiples of the same official's help each week.
 - If there are not enough volunteers, some events cannot start or the canteen cannot be opened.
 - Under 6 parents travelling with their group **MUST** help out with the On-Track activities.



Name of Parent Official: _____ **Phone No:** _____

Do you have any previous experience with Athletics? YES / NO (If Yes please indicate below)

Do you have a current first-aid certificate? YES / NO

Availability: (tick one):

Every Fortnight: _____ Every Competition Morning: _____

Please indicate at least 3 preferences from the list below: (circle)

Team Manager: (list preferred age group & if boys/girls): _____

Team Recorder: (list preferred age group & if boys/girls): _____

General Parent Duties

Chief Time Keeper - Circular

Multi Time Keeper – Circular

Place Judge – Straight / Circular

Hurdles – set up / place judge / timer

Canteen Helper

Timing gates operator

Starter - Straight / Circular

Recording – Straight / Circular

Walking race – starter / timer / recorder

this event starts at 8.15am

1500m – starter / timer / recorder

this event starts at 8.15am

Results recorder – on day into Laptop

Considerations: (eg work one Saturday a month, on call on Saturday, only have children every 2nd week)

