

JIMBOOMBA LITTLE ATHLETICS CENTRE
Henderson Road Jimboomba

1. I / We understand that Jimboomba Little Athletics Centre takes every reasonable precaution with regard to member safety and recognise that injuries can still occur. I / We acknowledge that as members of the centre I/We have an obligation to inform the committee, Centre manager or Arena manager of any incident, situation or observation that could assist in the prevention of said injuries.
2. In the event of injury to a member, where reasonable attempts to contact me or the listed emergency contact are unsuccessful, I give authority for such medical treatment to be given as is recommended by a medical practitioner or First aid officer and seems in the opinion of the centre manager or arena manager to be reasonable and appropriate. I undertake that I am responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the centre. In no event will the Jimboomba Little Athletics Centre, its committee or officers be held liable for any injury, emergency care, first aid rendered or treatment performed pursuant to this consent.
3. It is the parents or legal guardian's responsibility to keep Jimboomba Little Athletics Centre informed of any changes in a members medical circumstances, contact details or any other information that may assist in any decision that is to be made with regard to any member.

Name: _____ Signature: _____ Date: _____
____/____/____
Parent or Guardian

Parent Help & Family Levy

Parents, please remember that **JLAC is not a child minding organisation.**

It is required that at least one parent/care-giver of an athlete remains on the grounds at all times during both competition & training.

If an athlete is found not to have a parent/caregiver present the centre reserves the right to exclude that athlete from competing. This also includes regional relays, regional championships and state championships.

The family levy was introduced in an attempt to encourage parents/caregivers to help run our competitions. We require a minimum of 60 adults to effectively age marshal the 10 age groups, start track races, time-keep, judge and run field events every week.

With sufficient volunteers we can run two of every event and finish earlier, leaving more of the evening to do other things.

Previous experience is not necessary. We have a number of qualified officials to supervise each event and show parents what is required. We also hold two parent information evenings at the beginning of the season. The dates and times for these events will be available at sign on.

The levy: will be refunded at the end of the season (or held over for the next year whichever you prefer) to those families who have assisted a minimum of 15 times during the season. Most credits are for helping on Friday evenings. Extra credits can come from working bees and other activities, including regional and state carnivals.

A parent roster sheet is located at the recorder's desk and must be signed each time you help. This is the **only** record that will be accepted for the levy refund. If you help but don't sign the register, we will have no record of your help at the end of the season.

Signature: _____

Parent/Caregiver

Registration Form

Season 2010/11

Centre

Jimboomba Little Athletics Centre

PAID \$ _____

Receipt No: _____

Child No 1

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

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

Age Group: **U** **B / G**

Yes, Please Dual Register Me. The QA Club I want to Join is: _____

REGO NO: _____

Centre Use Only: Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

Child No 2

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

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

Age Group: **U** **B / G**

Yes, Please Dual Register Me. The QA Club I want to Join is: _____

REGO NO: _____

Centre Use Only: Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

Child No 3

Surname: _____ Given Names: _____ DOB: _____

School: _____ Gender: Male Female

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

Age Group: **U** **B / G**

Yes, Please Dual Register Me. The QA Club I want to Join is: _____

REGO NO: _____

Centre Use Only: Type of Rego: **NEW / RE / TRANSFER** Proof of Age sighted: **YES / NO** Date of Registration: ____/____/____

Family Information: Parents/Guardians named below are Members of the Centre and are entitled to participate in its management activities.

Mother/Guardian

Surname: _____ First Name: _____ Occupation: _____

Contact Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

→ Do you have any coaching or officiating qualifications: Yes No If Yes, what level? _____ What areas? _____

→ Are you interested in becoming a coach or official? Yes No Do you have first aid training? Yes No

→ In what areas of the Centre are you prepared to assist in (no qualifications necessary)?

Coaching Officials Canteen Age Marshall Other, please specify: _____

→ Do you have a Blue Card? Yes No If Yes, **Blue Card No:** _____ Sighted: _____ Expiry Date: _____

Father/Guardian

Surname: _____ First Name: _____ Occupation: _____

Contact Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

→ Do you have any coaching or officiating qualifications: Yes No If Yes, what level? _____ What areas? _____

→ Are you interested in becoming a coach or official? Yes No Do you have first aid training? Yes No

→ In what areas of the Centre are you prepared to assist in (no qualifications necessary)?

Coaching Officials Canteen Age Marshall Other, please specify: _____

→ Do you have a Blue Card? Yes No If Yes, **Blue Card No:** _____ Sighted: _____ Expiry Date: _____

Alternative Emergency Contact: Name: _____ Phone No: _____

Relationship to Child: _____

Optional Information: Are the children of Aboriginal or Torres Strait Islander descent? YES NO

Parent/Guardian Declaration: (QLAA* Queensland Little Athletics Association ALA** Australian Little Athletics)

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

- Abiding by all QLAA* rules and regulation, including those pertaining to myself as a parent/guardian and those relevant to this Centre.
- My child/children being photographed and/or videoed at any QLAA* sanctioned event; such photos or video taken can be used for training purposes; official QLAA*/ALA*/QLAA* Sponsor/Centre publication; used on QLAA*/ALA*/Centre/QLAA* preferred photographer websites.
- Any member of this Centre/QLAA* to seek emergency medical treatment for my child should they deem it necessary.
- This Centre and QLAA* keeping this registration form and any medical information provided on file in accordance with the QLAA* Privacy Policy. (QLAA* Privacy Policy can be viewed at www.qlaa.asn.au).
- Registration Fees are NON-REFUNDABLE

Parent/Guardian Signature: