

PARENT / GUARDIAN CHARTER 2021-2022 Season



Name Parent Guardian 1 _____

Name Parent Guardian 2 _____

Athlete Name 1:	DOB:	Age Group: UNDER	Rego No:**
Athlete Name 2:	DOB:	Age Group: UNDER	Rego No:**
Athlete Name 3:	DOB:	Age Group: UNDER	Rego No:**
Athlete Name 4:	DOB:	Age Group: UNDER	Rego No:**
Proof of Age sighted: Yes / No <i>Initials.....</i>			

As a Parent or Guardian of a child, or children registered to participate during the 2021 - 2022 season at the Maroochy Little Athletics Centre, I recognise, accept and commit to the following:

MY CHILD / CHILDREN IS / ARE ALWAYS MY RESPONSIBILITY

When my child is at Little Athletics, I am responsible for the care of my child/children, regarding their behaviour, welfare and making decisions about their treatment in the event of an injury. I will ensure that I will personally be in attendance, or I will appoint a responsible adult to act on my behalf in caring for my child/children.

LITTLE ATHLETICS IS A CO-OPERATIVE VENTURE

- I accept that as the adult responsible for the care of my child/children on competition nights I need to make a personal contribution to the smooth and efficient running of the program by assisting with tasks where possible
- I agree to volunteer to complete duties, as required, at the 'normal' weekly competition nights
- I agree to perform duties, as required, by Team Managers at Regional and/or State events when attending
- Take care of a specific age group on competition nights as AGE MARSHALL as required

DECLARATION

I have read, understood and agreed to the conditions of the Parent/Guardian Charter as outlined on this form.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

<i>Office Use Only</i>	
Online Registration Receipt No: # Payment made at Centre Receipt No: #	Registration Fee Owning: \$ <ul style="list-style-type: none"> • Trial fee deduction if paid: \$ • Fully paid OnLine: Yes / No
<i>Please note: Fair Play Voucher has been presented</i> Yes / No Value \$ Number # _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> EFTPOS: Date: ____/____/____ Initials: _____