

# HENLEY DISTRICTS LITTLE ATHLETICS CENTRE

## SEASON 15/16

### COME AND TRY – REGISTRATION FORM

**FAMILY NAME:****CHILD 1**

Given Name:

DOB

Boy / Girl

Age Group:

Any allergies/disability/medical problems/long term medication? Yes / No

If yes please, specify:

**CHILD 2**

Given Name:

DOB

Boy / Girl

Age Group:

Any allergies/disability/medical problems/long term medication? Yes / No

If yes, please specify

**CHILD 3**

Given Name:

DOB

Boy / Girl

Age Group:

Any allergies/disability/medical problems/long term medication? Yes / No

If yes, please specify

**PARENT/GUARDIAN CONTACT DETAILS**

Names:

Address:

Suburb

Post Code:

Mobile:

Alt Phone No:

Email Address:

**SIGNATURE**

I \_\_\_\_\_ confirm that the above information is true and correct.

I agree that HDLAC at which my child/children attend a come and try session are not responsible for any injury/illness or damage that occurs to the nominated participant(s) on this form.

I agree that as the Parent/Guardian I hold full responsibility for any injury/illness that may occur to my child/children.

I acknowledge that HDLAC requires that I supervise my child/children at all times and that I will be required to assist during the come and try session.

Signature of parent/  
guardian:

Date:

**PAYMENT INFORMATION**

COME &amp; TRY SESSION 1

COME TRY SESSION 2

DATE:

DATE:

AMOUNT \$

AMOUNT \$