

This year all families/athletes are asked to go online to register and enter the athlete's details.

You may pay the Little Athletics Association of NSW (LAANSW) or Athletics NSW (ANSW) fees online, or finalise payment when paying the Club fee at the registration session.

Note: For Tots - the Club will only be taking registrations from Tots who were with the Club last year or for those with older siblings in or joining the Club (U6s and up).

Completing Registration

1. Initially register athlete details with LAANSW or ANSW (go to their webpage and then the Registration link):
 - For Tots to Under 17s - Little Athletics Association of NSW - <http://www.laansw.com.au/>
 - For Under 18s to Vets - Athletics NSW - <http://www.nswathletics.org.au/>
 - For Dual registration with ANSW – Under 13 to Under 17s see Club Registrar first – you must first register with LAANSW.
2. Complete the attached forms (Parental Obligations and Media Consent; Contact and Medical Information)
3. Attend one of the Club Summer Registration sessions (see date below) at Hunter Sports Centre, Glendale to finalise registration.

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|--|
| August 2009 |
| <i>Summer Registration</i> – Wed. 12 Aug.- 5.45pm-7.00pm |
| <i>Summer Registration</i> – Wed. 26 Aug.- 5.45pm-7.00pm |
| <i>Summer Registration</i> – Sun. 30 Aug.- 3pm-6.00pm |
| September 2009 |
| <i>Summer Registration</i> – Wed. 2 Sep.- 5.45pm-7.00pm |
| <i>Summer Registration</i> – Wed. 16 Sep.- 5.45pm-7.00pm |

Inquiries

| | | |
|----------------------------|-------------|--------------|
| Registrar | Pam Tarrant | 0412 812 550 |
| Assistant Registrar (ANSW) | Hans Tiller | 0401 106 764 |

See fees – next page

Club Fee Structure

Little Athletics Association of NSW (LAANSW) – Friday Carnival

(## Registration season runs 1 September 2009 – 31 August 2010)

- Includes entry to Friday carnival and club training

| | |
|-----------------------|----------|
| Tots | \$70.00 |
| Under 6s to Under 17s | \$120.00 |

Little Athletics Association of NSW (LAANSW) — Saturday Program

Athletes with Disabilities – Saturday Program

- Includes entry to Saturday carnival and club training

\$70.00

Athletics NSW (ANSW) -Friday Carnival

(** Registration season runs 1 October 2009 – 30 September 2010)

- Does not include entry to Friday carnival and club training

| | |
|---|----------|
| Dual Registration – Under 13 to Under 17s (must be registered LAANSW) | \$5.00 |
| Under 18s | \$81.00 |
| Under 20s | \$92.00 |
| OPEN | \$120.00 |
| Age Concession (60+ or Pension/Seniors Card) | \$92.00 |
| Club Only Athlete | \$70.00 |

Friday carnival fees

| | |
|--|------------------|
| Macquarie Hunter Athletes – NSW registered – casual rate | \$4.00 per night |
| Macquarie Hunter Athletes – NSW registered – season pass | \$35.00 |
| Member of other clubs– NSW registered | \$5.00 per night |

For those who might be experiencing financial hardship:

- Little Athletics Association of NSW offers an Athlete Assistance Program. For details, see LAANSW website or Club Registrar.
- The Quigley Cooperative Ltd, a Non Profit organisation at Bolton Point operates the 'Quigley Community Get Healthy & Active' project. For details, contact Ph: 4959 8055.

More club information is also available at our Club web page www.machunter.com.au or club Facebook page www.facebook.com/Macquarie.Hunter.Athletics.



Parental Obligations and Media Consent

A photo Copy of a Club Form will be considered as an Original Copy.

This form must be completed by a parent/guardian to finalise registration.

Children under 16 years of age must have a parent/guardian/responsible adult in attendance at all times during weekly carnivals and/or training. Parents/guardians are responsible for their own children and young persons.

The Club is a voluntary organisation and cannot operate without your help. In registering your child(ren) or young person(s) you are also agreeing help at the weekly carnivals, when they compete. Anyone can help in some way, e.g. measuring a distance at a field event, replacing the high jump bar after a jump, raking the sand pit, completing event-recording sheets or assisting with the BBQ.

I understand that my child(ren),young person(s) MUST have a parent/guardian/responsible adult in attendance at all times during weekly carnivals and/or training and agree to help the club at the weekly carnival when my child(ren)/young person(s) is in attendance.

- I would like to nominate to be an Age Controller or Assistant Age Controller
- I would like to help as a Carnival Official (starter, timing gates operator etc)
- I would like to help with the BBQ
- I am interested in getting involved with the running of the Club
- I would be interested in sponsoring or making a donation to the Club

Media Consent

I agree to allow Macquarie Hunter Athletics Inc to use our family / ward(s) name(s) and any photographs or video images taken of our family, child(ren) or ward(s) during the Athletic season to promote athletics and the Club to other members, the media, and the public. The following adult(s), child (ren), and ward(s) are covered by this consent form:

| | |
|-----------------------|------------|
| Name (in print) | Age: |
| Name (in print) | Age: |
| Name (in print) | Age: |
| Name (in print) | Age: |
| Name (in print) | Age: |
| Name (in print) | Age: |

In addition, includes myself;
Parent / Guardian Name (in print)

Signature

Date / /

To be kept of file by the Club Secretary.

Contact and Medical Information

Parents _____

Address _____

Phone:

Home: _____ Work: _____ Mobile: _____

Email address _____ @ _____

(For newsletters and club updates)

Medical Number _____

| Medical Information | Athlete 1 | Athlete 2 | Athlete 3 |
|---|-----------------|-----------------|-----------------|
| Athlete's Name: | | | |
| Date of Birth | ----/----/----- | ----/----/----- | ----/----/----- |
| Asthma (other respiratory condition) | Yes / No | Yes / No | Yes / No |
| Epilepsy | Yes / No | Yes / No | Yes / No |
| Diabetes | Yes / No | Yes / No | Yes / No |
| Dizzy Spells (or Sudden Loss of Consciousness) | Yes / No | Yes / No | Yes / No |
| Other relevant medical information (e.g.: Injuries) | | | |
| Known Disability | | | |
| Last Tetanus Injection Date | ----/----/----- | ----/----/----- | ----/----/----- |
| Permission to seek emergency medical treatment if required? | Yes / No | Yes / No | Yes / No |

Signed: _____

Date: ___ / ___ / ___

(Parent/Guardian)