



**Trialist Registration Form  
Season 2020/2021  
\$20 for the 2 week trial**

**1<sup>st</sup> Trial – 12<sup>th</sup> September  
2<sup>nd</sup> Trial – 19<sup>th</sup> September**

Athletes Name: \_\_\_\_\_

Male                      Female

Athletes Date of Birth: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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Parent / Guardian Declaration In consideration of my Child / Children trialling Little Athletics at this Centre, by signing above I acknowledge and consent to:

- Abiding by all Queensland Little Athletics Association (QLAA) rules and regulations, including those pertaining to trialists, myself as a parent/guardian and those relevant to this Centre
  - Any member of this Centre to seek emergency medical treatment for my child should they deem it necessary
  - This Centre and QLAA keeping this form and any medical information provided on file in accordance with the QLAA Privacy Policy
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**Centre Use:**

Fees Paid \$ \_\_\_\_\_

Payment method:    Cash            EFTPOS