Trialist Form 2023-2024 season **Centre**…….

Athlete Name	M/F	Birth Date	Age Group	Contact Number	Parent / Guardia	Signature	Trialist Start Date	Trialist End Date	Registered YES/NO	Reg #

Parent / Guardian Declaration

In consideration of my Child / Children trialing Little Athletics at this centre, by signing above I acknowledge and consent to:

- Abiding by LANSW's (Little Athletics NSW) rules and regulation, 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 LANSW keeping this form and any medical information provided on file in accordance with the LANSW Privacy Policy
- LANSW Privacy Policy can be viewed on the Little Athletics NSW website under Policies & Plans.

This form to be returned at the end of season, by **31 MARCH 2024.**