Trialist Form 2021-2022 season **COME AND TRY MEMBERS** **Centre**…….

Athlete Name	M/F	Birth Date	Age Group	Contact Number	Parent / Guardian	Signature	Trialist Start Date	Trialist End Date

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 2022.**