

Wendouree Athletic Club Inc.

Junior Cross Country

2020 REGISTRATION FORM

Family Name:	
Parent(s) / Guardian Given Name(s):	
Address:	
Post Code:	
Telephone:	Home: Mobile:
Email Address:	
Athletes Name:	
Date of Birth:	Gender M/F: Age: :
Athletes Name:	
Date of Birth:	Gender M/F: Age:
Athletes Name:	
Date of Birth:	Gender M/F: Age:
Athletes Name:	
Date of Birth:	Gender M/F: Age:

Fee Structure (Please Circle Preference)

- \$10 per Child

Payment

PAYMENT DETAILS: Please circle payment method.

- **Cash-** may be passed onto the **Wendouree Athletic Club Treasurer**
- **Cheque-** made payable to the **Wendouree Athletic Club**
- **Electronic Payment-** **BSB: 633 000** **A/C: 119864031**

(Must include your name in the description field)

I hereby authorize the organizers to seek emergency medical care including an ambulance in the event of an injury to my child/children in my absence. I also agree to pay cost incurred in treating my child.

Parent / Guardian Signature **Date**

All parents/guardians must all provide Working with Children's Check card numbers due to recent government regulation changes.

Parent/guardian 1:	Parent/guardian 2:
Card Number:	Card Number:.....
Expiry Date:.....	Expiry Date:.....

WENDOUREE ATHLETIC CLUB INC. PRIVACY POLICY.

The **Information Privacy Act 2000** requires that *Wendouree Athletic Club Inc.* to inform you that, in the conduct of *Wendouree Athletic Club junior* competition, photographs may be taken of participants and results compiled to record athlete participation, celebrate athlete success and achievement and to promote *Wendouree Athletic Club* and events conducted by *Wendouree Athletic Club*. We limit the use and disclosure of any personal information to the purpose of participating in *Wendouree Athletic Club* events.

By accepting the invitation to participate in events under the auspices of *Wendouree Athletic Club*, you undertake to abide by the *Wendouree Athletic Club Inc. PRIVACY POLICY.*

Office Use Only:	Total Amount Paid \$	Total Amount Owing \$
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