

Date: _____





The primary aim of Little Athletics is to develop positive attitudes and healthy lifestyles in children through teaching relevant skills and providing athletics related activities.

edenhope@lavic.com.au www.edenhopelac.com.au PO Box 8, Edenhope 3318

GUARDIANSHIP DECLARATION

I understand that there must be a parent or other nominated responsible adult representative present for my child/children at every Edenhope Little Athletics Centre weekly competition session in order for my child/children to participate.

Little Athletics is a sport that requires Parent / Guardian participation i.e. raking the sand pit for long jump, recording results, timing, assisting with the high jump, adjusting the hurdles, etc.

As I am unable to be present at each Edenhope Little Athletics Centre event, I hereby authorise print name to act in the capacity of guardian of my child(ren) print name(s) at Edenhope Little Athletics Centre events for season 2014/2015 when I am not in attendance. If this arrangement changes I will advise Edenhope Little Athletics Centre in writing. Signature of Parent: _____ Phone Number of Parent: I have read the above and understand the obligations of being the assigned guardian of the above named child(ren) at Edenhope Little Athletics Centre events and I am prepared to accept the responsibility for season 2014/2015. If this arrangement changes I will advise the Centre in writing. Name of Authorised Guardian: _____ print name Signature of Authorised Guardian: Phone Number of Authorised Guardian: