PARENTAL ASSISTANCE DECLARATION AND PREFERENCE FORM 2022-2023

IMPORTANT INFORMATION — PLEASE READ CAREFULLY AND COMPLETE THE DECLARATION

Northern Districts has a policy that requires parents of all athletes to **regularly** assist with the conduct of events at competitions that their children attend. The minimum level of assistance expected is for one representative from each family to assist at Foxglove Oval for approximately three hours **EVERY SECOND WEEK** that their children attend.

If there are any circumstances which will prevent a family from fulfilling their parental assistance obligations on Saturdays, the family must contact the Centre President to discuss alternative ways to assist the Centre.
(Any arrangements from last season must be renegotiated.)

I/We understand that by registering our child(ren) with Northern Districts Little Athletics Centre I/we have an obligation to assist the Centre in the running of all competitions in which my/our child(ren) are involved, including Centre competitions (at Foxglove Oval) and Little Athletics NSW championship events, and that if we do not sign on to assist for at least **half** (50%) of the weeks that my/our children attend, that the Centre's Committee may:

- withhold any trophies or awards gained by all registered members of my/our family. YES ☐ NO ☐
- withdraw entries for Representative Carnivals

NAME(S) OF CHILD(REN): _____

_____	_____	___/___/___
Parent/Guardian name	*signature*	*date*
_____	_____	___/___/___
Parent/Guardian name	*signature*	*date*

Email address *Mobile #*

PARENT ASSISTANCE OPTIONS

Do you have any accreditations from LANSW / Athletics NSW / St Johns (for First Aid) / Other? Y / N

Would you be interested in obtaining accreditation? Y / N

Event/s and Qualification Level:

I would prefer to assist ☐ In a regular weekly role ☐ On a week-by-week basis

Expressions of Interest (training/mentoring can be provided if required)

KEY OFFICIAL (regular preferred)	Preferred event/s	_____	_____
AGE MANAGER (regular preferred)	Which Age Group?	1st Preference ____G/B	2nd Preference ____G/B
OTHER	☐ Track Starter	☐ Canteen / BBQ	☐ Raffles
	☐ Event Assistant	☐ First Aid	☐ Other: _____
COMMITTEE POSITION	Please see NDLAC President for more information		

THANK YOU FOR YOUR SUPPORT