



# CHERRYBROOK LITTLE ATHLETICS CLUB



## VOLUNTEER COMMITMENT FORM

<b>Parent/Guardian's Name</b>	<b>Parent/Guardian's Name</b>

Athlete's Name	Gender	Age Group	Athlete's Name	Gender	Age Group

*Please complete the following form to confirm your understanding and commitment to the 2018/2019 Little Athletics season.*

- I/We agree to be in attendance and assist at Friday night competitions which I/we have a child attending, as well as other LANSW Championships events and gala days. YES / NO
- I/We have read and agree with the Parent Volunteer Commitment Statement. YES / NO
- I/We are an U6 Parent and understand we are required to assist with equipment setup on Friday night competition as well as assist the Age Managers where required. YES / NO
- I/We have signed up to the Parent Duty Roster and selected a duty for this season which I/we commit to undertake. YES / NO  
The duty I/we have selected is \_\_\_\_\_
- I/ We have completed at least one AAOES Level 1 Online Course. YES / NO  
If Yes to the above, please note below the events you have gained accreditation in.

Parent/Guardian's Name	Event/s

- I/We are available to attend the Officials Training Course on the evening of Friday 31<sup>st</sup> August 2018 YES / NO
- I/We agree to assist as an Official at Zone, Region, State and State Relay Championships if my/our athletes are attending. YES / NO

***Cherrybrook Athletics Club appreciates your support and we look forward to an enjoyable season.***