



**BELMONT LITTLE ATHLETICS CENTRE INC.  
PCH (Perth Children's Hospital) DAY  
PARENT ENTRY FORM**

**NAME:**

**CLUB:**

**Male**

**Female**

This event is to be held in conjunction with our normal Program.

Conditions of entry:

1. Each parent may enter a **maximum of three events**.
2. Parent waiver forms must also be signed and retained by the Centre. (separate form)
3. Entry forms should be submitted as soon as possible prior to the event (RECOMMENDED) however entries will be accepted on the day. Forms should be handed to club managers who can leave all completed forms and monies in the **Publicity Officer's IN TRAY** located in the clubrooms.
4. **Entry fee is \$5 per event**, payable on or before the day of the event. All proceeds to PCH.
5. Parents will compete against the U16-17 age group.

**Please tick the box next to the events you wish to enter.**

100m		1500m			
Javelin		Long Jump			
Shot put		Triple Jump		Total Payable	\$

Signature of Parent: \_\_\_\_\_

By signing this form I agree to abide by the rules and conditions set out for this event and acknowledge that the decisions of the Centre Executive Committee are final.

Sign this page and return as per above instructions.  
One form per parent required. Print additional forms as required.  
**Waiver Form must also be completed and accompany this form.**