

ELWOOD COLLEGE BASKETBALL ACADEMY



2020 REGISTRATION FORM

RETURNING PLAYERS ONLY

Please complete and return to Elwood College

Student Name: _____ Gender: Male Female

Student Home Address: _____

Date of Birth: _____ Year level in 2020: _____

Parent/Guardian Full Name: _____

Phone: After Hours _____ Business Hours _____

Email: _____

Alternate Emergency Contact: (Alternate to the name above)

Phone: After Hours _____ Business Hours _____

Name of Family Doctor: _____ Phone: _____

Address of Family Doctor: _____

Medicare Number: _____

Medical/Hospital Insurance Fund: _____ Member Number: _____

Ambulance Member: Yes No If yes, ambulance number: _____

Please tick if your child suffers any of the following:

- | | | | |
|---------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Anaphylaxis | <input type="checkbox"/> Asthma (if ticket please provide Asthma Management Plan) | | |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Fits of any type | | |
| <input type="checkbox"/> Other: _____ | | | |

Allergies: Please tick if your child is allergic to any of the following:

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Penicillin: _____

Other Drugs: _____

Foods: _____

Other Allergies: _____

What special care is recommended for these allergies?

Anaphylaxis: Please describe symptoms and treatment:

Year of last tetanus immunisation: _____

(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at 15 (as ADT))

Medication: Is your child taking any medicine(s)? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be provided to Elwood College Administration. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medication will be kept by Elwood College staff and distributed as required. Inform the coach-in-charge if it is necessary, or appropriate, for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the coach-in-charge and yourself.

Medical Consent

Where the coach-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the coach to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner
- Administer such first aid as the teacher-in-charge judges to be reasonably necessary.

Signature of Parent/Guardian: _____

RELEASE AND WAIVER OF LIABILITY

The undersigned hereby acknowledges that participation in this program and related activities involves an inherent risk of physical injury. The undersigned on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge Elwood College Basketball Academy and all employees and agents thereof from any and all liability of whatever kind or nature rising from bodily injury and personal injuries, damage to property, and that of equipment or defect in the premises. I hereby state that I am the legal guardian of said registrant.

Parent/Guardian Signature: _____ Date: _____

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PAYMENT DETAILS ARE OVERLEAF. PLEASE COMPLETE
AND RETURN TO ELWOOD COLLEGE BY FRIDAY 6TH
DECEMBER 2019.

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