



**2019 REGISTRATION FORM –RETURNING PLAYERS ONLY**

*Please complete and return to Elwood College. Registration Forms will be sent once EOI received*

Student's Full Name: \_\_\_\_\_ Gender: M  F

Student's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year level in 2019: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_  
Phone: *After hours* \_\_\_\_\_ *Business hours*: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency contact (alternative from the parent/guardian named above):  
\_\_\_\_\_  
Phone: *After hours* \_\_\_\_\_ *Business hours* \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Family Doctor: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Medical/hospital insurance fund: \_\_\_\_\_  
Member number: \_\_\_\_\_

Ambulance subscriber?  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 ticked 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   |                                       |  |

Other: \_\_\_\_\_

**Allergies**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Penicillin _____ | <input type="checkbox"/> Other Drugs: _____     |
| <input type="checkbox"/> Foods: _____     | <input type="checkbox"/> 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 and by foreseen and unforeseen 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: \_\_\_\_\_

# 2019 ACADEMY FEES RETURNING PLAYERS ONLY



Please complete and return with **REGISTRATION FORM**  
to Elwood College

**Student Name:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

<b>The Elwood College Basketball Academy fees includes:</b>	
2 x 90 minute sessions per week in Terms 1,2, 3 & 4 (34 weeks total)	<b>\$1326.00</b>
Administration fee - \$150 per annum	<b>\$150.00</b>
Equipment kit (only if required- please contact ECBA directly)	
Equipment Kit includes:	
<ul style="list-style-type: none"> <li>• <b>Elwood College Basketball Academy</b> reversible singlets and shorts set x 2</li> <li>• High quality Molten or Spalding Basketball (size 6 or 7 to suit player's age level)</li> <li>• Elwood College Basketball Academy windcheater</li> </ul>	
<b>TOTAL 2019 FEES- RETURNING PLAYERS ONLY</b>	<b>\$1476.00</b>

**Circle:**                      Cash                      Credit Card

**Credit Card Details:**

**Circle:**                      Visa                      MasterCard

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**Expiry Date:**    \_\_\_\_ / \_\_\_\_

**Amount: \$**                      \_\_\_\_\_

Please select below:

- I wish to pay the full amount of \$1,476.00
- I wish to pay in two instalments (\$738.00 per instalment) to be debited on the following dates

30<sup>th</sup> January 2019

28<sup>th</sup> June 2019

**Signature:** \_\_\_\_\_

**Date:**                      \_\_\_\_\_ **Contact Number:** \_\_\_\_\_