

## 2017 REGISTRATION FORM

### New Players only

*Please complete and return to Elwood College*



Student's full name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
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Student's address:	Postcode:
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Date of birth:	Year level in 2016:
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T-shirt size: (circle)								
8	10	12	14	Adult XS	Adult S	Adult M	Adult L	Adult XL

Parent/Guardian's full name: _____
Phone: <i>After hours</i> _____ <i>Business hours:</i> _____
Email: _____

Emergency contact (alternative from the parent/guardian named above):
_____
Phone: <i>After hours</i> _____ <i>Business hours</i> _____

Name of family doctor: _____	Phone: _____
Address of family doctor: _____	

Medicare number:
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Medical/hospital insurance fund:	Member number:
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Ambulance subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, ambulance number:
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**Please tick if your child suffers any of the following:**

- Anaphylaxis                       Asthma (if ticked please provide Asthma Management Plan)  
 Blackouts                         Diabetes                               Dizzy spells                         Heart condition  
 Migraine                             Fits of any type  
 Other: \_\_\_\_\_

**Allergies**

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

- Penicillin \_\_\_\_\_  Other Drugs: \_\_\_\_\_  
 Foods: \_\_\_\_\_  Other allergies: \_\_\_\_\_

What special care is recommended for these allergies? \_\_\_\_\_  
\_\_\_\_\_

**Anaphylaxis**

**Please describe:** \_\_\_\_\_

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 medications 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.

<p><b>Medical consent</b> Where the coach-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the coach to:</p> <ul style="list-style-type: none"><li>• Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.</li><li>• Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.</li></ul> <p>Signature of parent/guardian: _____</p> <p>Date: _____</p>
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**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: \_\_\_\_\_

# 2017 ACADEMY FEES NEW 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 in total)	<b>\$1326.00</b>
Administration fee - \$150 per annum	<b>\$150.00</b>
Equipment kit	<b>\$180.00</b>
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 2017 FEES- NEW PLAYERS ONLY</b>	<b>\$1656.00</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 \$1,656.00
- I wish to pay in two instalments (\$828.00 per instalment) to be debited on the following dates

30<sup>th</sup> January 2017

28<sup>th</sup> June 2017

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

**Date:**                \_\_\_\_\_

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