

2017 REGISTRATION FORM

Returning Players only

Please complete and return to Elwood College



Student's full name: _____

Gender: M F

Student's address: _____

Postcode: _____

Date of birth: _____

Year level in 2016: _____

T-shirt size: (circle) 8 10 12 14 Adult XS Adult S Adult M
Adult L Adult XL

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:

- 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.

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: _____
Date: _____

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 RETURNING PLAYERS ONLY

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



Student Name: _____

Year Level: _____

The Elwood College Basketball Academy fees includes:	
2 x 90 minute sessions per week in Terms 1,2,3 & 4 (34 weeks in total)	\$1326.00
Administration fee - \$150 per annum	\$150.00
Equipment kit (only if required – please contact ECBA directly)	
Equipment Kit includes:	
<ul style="list-style-type: none"> • Elwood College Basketball Academy reversible singlets and shorts set x 2 (already supplied in 2016) • High quality Molten or Spalding Basketball (size 6 or 7 to suit player’s age level) (already supplied in 2016) • Elwood College Basketball Academy Jumper (already supplied in 2016) 	
TOTAL 2017 FEES- RETURNING PLAYERS ONLY	\$1476.00

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 th January 2017
	28 th June 2017

Signature: _____

Date: _____

Contact Number: _____