

# ELWOOD COLLEGE BASKETBALL ACADEMY



**2021 REGISTRATION FORM – RETURNING PLAYERS ONLY** (Please complete and return to Elwood College)

## Student Details

Student Name:  Gender: Male   
Female

Student Address:

Date of Birth:  Year level in 2021:

## Parent/Guardian Details

Full Name:

Mobile:  Other contact no:

Email:

## Alternate Emergency Contact: (Alternate to the name above)

Name:

Mobile:  Other contact no:

## Family Doctor and Medical Details

Doctor Name:  Phone:

Doctor Address:

Medicare No:

Health Insur Fund:  Member No:

Ambulance Member: Yes  No  Ambulance No:

## 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"/> Migraine     | <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Other: _____ |  |   |

ELWOOD COLLEGE  
TOGETHER WE GROW





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

Penicillin       Other Drugs       Foods       Other Allergies

Please describe what the allergy is and 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:

1. Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner
2. 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.

Signature of Parent/Guardian:

Date:

**ELWOOD COLLEGE  
TOGETHER WE GROW**





## 2021 ACADEMY FEES - NEW PLAYERS ONLY

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

Student Name:

2021 Year Level:

### The Elwood College Basketball Academy Fee Includes:

2 x 90-minute sessions per week in Terms 1, 2, 3 & 4 (32 weeks total)

**\$1320.00**

Administration fee - \$150 per annum

**\$ 150.00**

Equipment Kit (only if required - please contact ECBA - POA)

---

**TOTAL 2021 FEES - RETURNING PLAYERS ONLY**

**\$1470.00**

---

### Please Select Below:

I wish to pay the full amount of **\$1,470.00**

I wish to pay instalments on the following dates:

**\$810.00** 28<sup>th</sup> January 2021 (Includes Admin & Equipment Kit)

**\$660.00** 18<sup>th</sup> June 2021

**Credit Card**

**Direct Deposit**

Elwood College Council Official AC

BSB: 313-140 A/C: 23192867

**Ref:** Student Surname & Year level

**Cash**

### Payment Details:

#### Credit Card Details

Please Tick:

Visa

MasterCard

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry Date:

/

Amount:

\$

Students are expected to enrol in the ECBA program for the full academy year. However, we understand that circumstances do change so please be advised that each withdrawal from the program will be considered on an individual basis. Fees will be forfeited for the semester in which the withdrawal takes place unless otherwise agreed by both Chase Basketball and Elwood College.

In all instances, the college administration fee and ECBA equipment charge will not be refunded. These charges will also be built into the first instalment amount.

Signature:

Contact Number:

Date:

**ELWOOD COLLEGE**  
**TOGETHER WE GROW**

