

ELWOOD COLLEGE BASKETBALL ACADEMY



2024 REGISTRATION FORM – NEW PLAYERS ONLY (Please complete and return to Elwood College)

Student Details

Student's Name: _____ Gender: Male Female Other

Student's Address: _____

Date of Birth: _____ Year level in 2024: _____

Parent/Guardian Details

Parent/Guardian's 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 Number: _____

Health Insurance Fund: _____

Member Number: _____

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

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Please tick if your child suffers any of the following:

- Anaphylaxis Asthma (if ticket 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 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 allow for photos and videos of my child to be used in the communication and promotion of the Elwood College Basketball Academy and will notify the academy administrators and the college if this permission is to be withdrawn.

I hereby state that I am the legal parent/guardian of said registrant.

Parent/Guardian Signature: _____

Date: _____





2024 ACADEMY FEES – NEW PLAYERS ONLY

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

Student Name: _____ 2024 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)	\$1450.00
Administration fee - \$150 per annum	\$150.00
Equipment Kit (includes one ECBA reversible singlet and shorts set and backpack)	\$95.00
TOTAL 2024 FEES – NEW PLAYERS ONLY	\$1695.00

Payment Details:

Please Tick: Cash Credit Card

Credit Card Details

Please Tick: Visa MasterCard

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Expiry Date: _____ / _____

Amount: \$ _____

Please Select Below:

- I wish to pay the full amount of **\$1695.00**
- I wish to pay instalments to be debited on the following dates:
 - \$847.50** 30 November 2023 (Includes Admin & Equipment Kit)
 - \$847.50** 31 May 2024

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: _____

