

ELWOOD COLLEGE BASKETBALL ACADEMY



2024 REGISTRATION FORM – RETURNING 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: _____



