

BELAIR PRIMARY SCHOOL SPORTING CLUBS

REGISTRATION / MEDICAL / CONSENT FORM

Circle sport being played. One form required for each sport being played.

Basketball	Cricket	Football	Netball	Soccer	Softball	
Child's Name				Date of Birth		
School		2019 Year Level		Teacher/Room		
Address						
Post Code		Email				
Phone	Home		Work		Mob	
Emergency Contact				Phone		
Doctor				Phone		
Medicare No.						

Medical Information

Does your child suffer from:	Yes/No	Special Information/Instructions
Heart Condition		
Respiratory (Asthma)		
Allergies (Stings / Bites)		
Fainting / Dizzy Spells		
Diabetes		
Medic Alert bracelet		
Other		

- * I give permission for my child to be involved in both training and matches for the above sports team.
- * I am responsible for the transport of my child to and from match and practice venues.
- * I accept responsibility for the care of any uniform or equipment loaned to my child and its return, cleaned, at the end of the season.
- * I understand that the coach/manager is authorised to obtain medical assistance for my child if deemed necessary, and I agree to pay any medical, hospital and ambulance expenses incurred.
- * I understand that children participating in and spectators supporting school sports are expected to follow accepted codes of behaviour.
- * I understand that supervision only applies during stated practice times and matches.
- * By signing this registration I acknowledge that my child participates in this sport at his/her own risk.
- * The school highly recommends that players have and use mouthguards.
- * There is no discount for second or subsequent children.
- * Coaches will not be charged a registration fee for one of their children in any one season.
- * Minimum age: Children must be turning eight(8) in forthcoming season.
- * Full payment must accompany the completed registration form at the office.

Parent Name/s		Signature	
(please print)		Date	

Registration Fee \$ Cash Eftpos Cheque Credit or Phone (credit card only)

Internet Banking: Bank SA. BSB 105-078 ACC. NO. 302145540

Credit card Payment Visa Mastercard Bankcard

Please note once payment has been processed this form will be retained by the school and shredded.

Name on card _____ expiry date _____

Card Number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Amount \$ Signature _____

Please return this completed form, with the registration fee to the school office, PRIOR to the commencement of the season