

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

2020 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

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