



## **ATHLETE REGISTRATION**

Last Name:

First Name:

DOB:

Gender:

Street Address:

Suburb:

Contact Numbers:

Mobile:

Email:

Parents Names:

Facebook: Yes

(for notifications and information – otherwise email or SMS)

Emergency Contact Name:
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Phone number:
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Relationship:
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You can pay online with Pay Pal or Credit Card or direct debit

Account name: New England Athletics Training

Bank: Regional Australia Bank

BSB: 932 000

Acc: 755 747

I can email invoice of amount payable for your child / family.

## MEDICAL INFORMATION

Any allergies / medical conditions that may impact training?

Yes      No

If yes, please list:

Are medications required?

Yes              No

Please list medications:

Other medical /physical conditions?

Yes              No

Please specify:

Do you have a plan?

Yes                              No

Please provide a copy if it may be needed at any time for medical emergencies etc. Eg, asthma plan, or diabetes requirements.

In the event of accident, injury or medical emergency, if you can not be immediately contacted, do you give consent to:

Administer first aid	Yes	No
Call an ambulance if required	Yes	No

## MEMBERSHIP TYPE

- |                                |                          |                               |                          |
|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Saturday 1 <sup>st</sup> Child | <input type="checkbox"/> | Weekday 1 <sup>st</sup> Child | <input type="checkbox"/> |
| Saturday 2 <sup>nd</sup> Child | <input type="checkbox"/> | Weekday 2 <sup>nd</sup> Child | <input type="checkbox"/> |
| Saturday 3 <sup>rd</sup> Child | <input type="checkbox"/> | Weekday 3 <sup>rd</sup> Child | <input type="checkbox"/> |
| Saturday 4 <sup>th</sup> Child | <input type="checkbox"/> | Weekday 4 <sup>th</sup> Child | <input type="checkbox"/> |
| Additional Child               | <input type="checkbox"/> | Additional Child              | <input type="checkbox"/> |