



Active Kids Hoops Registration and Consent Form

You must fill this form out to ensure registration. We require this form to be completed each tournament as it also acts as your individual payment form.

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of child/young person:	
Address:	
Date of Birth:	
Age:	
Gender:	Male / Female
Program (Please circle)	<p>Tuesday 5 January 2021 Where: Michael Clarke Recreation Centre, Carnes Hill Time: 9.30am - 11.30am</p> <p>Tuesday 12 January 2021 Where: Michael Clarke Recreation Centre, Carnes Hill Time: 9.30am - 11.30am</p> <p>Saturday 23 January 2021 Where: Fairfield Leisure Centre, 44 Vine Street Liverpool Time: 2.30pm - 4.30pm</p> <p>Saturday 30 January 2021 Where: Michael Clarke Recreation Centre, Carnes Hill Times: 2pm to 4pm</p>
Skill Level	Beginner / Intermediate / Advanced
Name of parent/carer:	

Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes: Please give details:	No:	
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes: Please give details:	No:	
Any allergies?	Yes: Please give details:	No:	
Consent information: please tick the boxes below			
<input type="checkbox"/> I give my child permission to play Basketball in the school holidays conducted by Hoops Connect and understand that he/she will undertake physical activity. I understand that participation in sports involves risk of injury and/or loss of damage to my property and that I participate in sports at my own risk. I also release the coaching staff and organisers from all indemnity whilst my child is participating in sports activities.			
<input type="checkbox"/> I understand that any video footage, photos and any other images taken may be shown by Hoops Connect via social media outlets including Hoops Connect and Council websites, Facebook and Instagram for promotional purposes.			
Signature of child/young person :			
Date:			
Signature of parent / carer:			
Date:			