



## Basketball Basics School Holiday Registration and Consent 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:			
Gender:	Male	/	Female
Do you identify as an Aboriginal or Torres Straight Islander	Yes	/	No
Clinic Dates Attending (Please Circle)	<p>Sessions at Carnes Hill Skate Park            4 January 5.30pm – 6.30pm (U10's) or 6.30pm – 7.30pm (U12's)            11 January 5.30pm – 6.30pm (U10's) or 6.30pm – 7.30pm (U12's)            18 January 5.30pm – 6.30pm (U10's) or 6.30pm – 7.30pm (U12's)            25 January 5.30pm – 6.30pm (U10's) or 6.30pm – 7.30pm (U12's)</p> <p>Sessions at Abel Dunn Court, Warwick Farm            16 January 10am – 11am (Ages 5 – 12)            23 January 10am – 11am (Ages 5 – 12)</p>		
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
<b>Emergency contact information:</b>			
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:	
Please confirm if there any activities that your child can not participate in?	Please give details:		

<b>Medical information:</b>		
Any specific medical conditions requiring medical treatment?	<b>Yes:</b> Please give details:	<b>No:</b>
Details of medication required (pain/flu/inhaler):		
Any specific medical condition or disability?	<b>Yes:</b> Please give details:	<b>No:</b>
Any allergies?	<b>Yes:</b> Please give details:	<b>No:</b>
Details of any dietary requirements (vegan/vegetarian):	<b>Yes:</b> Please give details:	<b>No:</b>
<b>Consent information:</b> <i>please tick the boxes below</i>		
<input type="checkbox"/> I give my child permission to play Basketball in the Basketball Basics Program 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.		
<b>Signature of child/young person :</b>		
<b>Print name child/young person:</b>		
<b>Date:</b>		
<b>Signature of parent / carer:</b>		
<b>Print name parent / carer:</b>		
<b>Date:</b>		