

School Sports Readiness Program

You must fill this form out to ensure registration. We require this form to be completed for each program 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:			
Gender:	Male	/ Female	
Do you identify as an Aboriginal or Torres Straight Islander	Yes	/ No	
Name of parent/carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Emergency contact informat	ion:		
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 det	tails:	
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes: Please give det	tails:	No:

Details of medication required (pain/flu/inhaler):				
Any specific medical	Yes:	No:		
condition or disability?	Please give details:			
Any allergies?	Yes:	No:		
	Please give details:			
Details of any dietary	Yes:	No:		
requirements	Please give details:			
(vegan/vegetarian): Consent information: please tick the boxes below				
Consens in Consens produce described				
 □ I give my child permission to play Basketball in the Junior Mini-Ball Competition 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. □ 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 per	son:			
Date:				
Signature of parent / carer:				
Date:				