

# GRANGE PRIMARY SCHOOL SPORT REGISTRATION

STUDENT'S NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

CLASS TEACHER: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

SPORT: **CRICKET**

## MEDICAL CONDITIONS

**Does your child have any medical condition or health problem that might affect him/her while playing sport?**

YES  NO  (Please ✓ one)

What is the nature of the condition?

How could it affect the student?

What treatment is required?

## MEDICAL EMERGENCIES

**Are you aware of any possible medical emergencies, which could affect your child?**

YES  NO  (Please ✓ one)

What is the emergency?

How do we recognise the emergency?

How could it be prevented?

How should it be treated?

Has your child had a tetanus injection? \_\_\_\_\_ When? \_\_\_\_\_

Has your child ever had penicillin? \_\_\_\_\_

If so, is he/she allergic to it? \_\_\_\_\_

Medicare number: \_\_\_\_\_

I authorise the coach to obtain medical assistance if it is deemed necessary and I agree to pay all medical expenses incurred. This information will be provided to a medical officer if requested.

PARENT / GUARDIAN'S NAME: \_\_\_\_\_

PARENT / GUARDIAN'S SIGNATURE" \_\_\_\_\_

DATE: \_\_\_\_\_

## SPORT REGISTRATION MEDICAL FORM

PLEASE COMPLETE THIS FORM AND RETURN IT WITH PAYMENT AS SOON AS POSSIBLE

**Students will not be permitted to play until this form and fees are returned to the school.**

Please note that a separate form is to be completed for each sport, as we cannot divulge this information to each individual coach without your permission.

This information will be given to your child's coach and will be taken to all practices and matches in case of emergency. So, if there are any specific issues relating to sport please include them for your child's protection.

We believe this is an important document as it is designed to offer protection for your child should an emergency arise.

### GRANGE PRIMARY SCHOOL SCHOOL SPORT REGISTRATION CONTACT AND MEDICAL INFORMATION FORM

REGISTRATION: FEE: \$ 25.00 SPORT: **CRICKET**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PARENT'S NAMES: (1) \_\_\_\_\_ (2) \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ EMERGENCY CONTACT 'PHONE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

If applicable: Who is entitled to custody/access \_\_\_\_\_

#### FOR TEAMS WHERE PRACTICES ARE HELD AFTER SCHOOL DURING THE WEEK

I give permission for the coach to book my child into OSHC if I am more than 15 minutes late picking him/her up after practice and will pay the appropriate fee.

If practice is cancelled at short notice, I want my child to:

- come home by the usual method
- be kept in OSHC until the usual practice finish time
- remain with the coach until practice finish time

Note: No children should be on school grounds unsupervised prior to practice time

#### TEAM SUPPORT

I am able to support my child's team by providing:

Transport (vehicle comprehensively insured), Supervision (home and away matches), scoring, time-keeping, coaching, convenor, etc.

Please indicate \_\_\_\_\_

#### BEHAVIOUR

Parents and teachers give generously of their time to coach and there is a responsibility on each child to be well behaved, cooperative and enthusiastic. The coaches are generally not teachers so the level of self-discipline from each child is expected to be at a high level. Children who cannot maintain a satisfactory attitude and behaviour may be excluded from the out-of-school sports program.

I agree to support the school's policy on behaviour at sport and agree to the players' code of behaviour.

I consent to \_\_\_\_\_ playing \_\_\_\_\_ for Grange Schools

SIGNED: \_\_\_\_\_ (Parent/Guardian) DATE: \_\_\_\_\_

