

# REGISTRATION & MEDICAL FORM SOCCER

Office Use  
Team:  
Coach:

UPDATED 25/10/2017

This information will be given to your child's coach and will be taken to all practices and matches in case of emergency. Please ensure all specific medical needs are included. We believe this is an important document as it is designed to offer protection for your child should an emergency arise. DECD provide ambulance cover where families do not have their own private ambulance cover.

## REGISTRATION FEES

Soccer registration fee is \$60.

*The fee must be returned to the school with this registration form. Fees can be paid via Bpoint or at the front office. Any registration forms or fee payments received after the due date will only be accepted at the Convenor's discretion.*

Please tick:  I have paid via Bpoint - Please use your surname and Sports Registration as reference.  
 I have enclosed \$..... to cover my child's fees

CHILD'S NAME: \_\_\_\_\_ GENDER: .....

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

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

CONTACT DETAILS: (required)

PARENTS / CAREGIVER NAMES (1) \_\_\_\_\_ (2) \_\_\_\_\_

Home: \_\_\_\_\_ Mobile \_\_\_\_\_ Mobile \_\_\_\_\_

EMAIL: \_\_\_\_\_

If applicable: Who is entitled to Custody/Access: \_\_\_\_\_  
(Please forward a copy of Custody Order).

## AFTER SCHOOL PRACTICE

If I am more than 15 minutes late picking him /her up after practice, I give permission for the coach to book my child in to OSHC and will pay the appropriate fee. If training is cancelled on the day of training, my child will:

come home by the usual method

give permission for the school to book my child into OSHC and I agree to pay the appropriate fee.

**No children are to be on school grounds unsupervised before or after any training of Out of School Hours Sports**

## TEAM SUPPORT

All parents are required to assist their child's team by helping to set up for the game, scoring, bringing fruit. A roster will be developed by the Coach / Team Manager. Please indicate if you are able to, or know someone who can help by volunteering for the following positions.

**These positions must be filled before your child's team can proceed.**

Name: \_\_\_\_\_ Coaching:  Team Manager:  Umpiring:

## BEHAVIOUR

Volunteers give generously of their time to coach and there is a responsibility on each child/parent to be well behaved, co-operative and enthusiastic. Children/parents who do *not* maintain a satisfactory attitude and behaviour may be excluded from the After School Sports Program based on the following:

Behaviour:

1<sup>st</sup> Issue = school and parents are notified by convenor

2<sup>nd</sup> issue = player, parents, convenor and school meet to discuss issue

3<sup>rd</sup> issue = no game

There may be occasions where the inappropriate behaviour results in immediate sanctions. This will be dealt with at the school level.

I agree to support the schools policy on behaviour and have read and agreed to the Policy provided on the schools website <http://flagstaff.sa.edu.au/uploads/Out-of-Hours-Sport/After-hours-school-sports-updated-policy-nov-2017.pdf> (a hard copy can be provided upon request)

\_\_\_\_\_  
printed name of parent/caregiver

\_\_\_\_\_  
signature

# MEDICAL FORM

Office Use  
Team:  
Coach:

STUDENTS NAME: \_\_\_\_\_ YEAR LEVEL: \_\_\_\_\_

CLASS TEACHER: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_ SPORT: \_\_\_\_\_

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## MEDICAL CONDITIONS

Does your child have any medical conditions or health problems that might affect him/her whilst playing sport?

Please circle: YES / NO

**\*\*please note, if your child has asthma, their Asthma Plan must be attached to this form prior to training and/or playing.**

*If yes, what is the nature of the condition?*

\_\_\_\_\_

*How could it affect the student?*

\_\_\_\_\_

*What treatment is required?*

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## MEDICAL EMERGENCIES

Are you aware of any possible medical emergencies, which could affect your child? Please circle: YES / NO

*If yes, what is the emergency?*

\_\_\_\_\_

*How do we recognise the emergency?*

\_\_\_\_\_

*How could it be prevented?*

\_\_\_\_\_

*How should it be treated?*

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## OTHER INFORMATION:

Has your child had a tetanus injection? YES / NO      If so, when? \_\_\_\_\_

Has your child ever had penicillin? YES / NO      If so, is he/she allergic to it? YES / NO

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 of requested. Please sign below.

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## SIGNATURE REQUIRED:

I understand that a condition of my child playing sport is that:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. All medical information provided above is true and correct,
2. I have provided all extra paperwork required to enable my child to play, and
3. Both registration form and subscription fees have been lodged at the same time

\_\_\_\_\_

printed name of parent/caregiver

\_\_\_\_\_

signature