

96ERS CONFIDENTIAL PARTICIPATION FORM

PERSONAL INFORMATION

Full Name : _____
(PLEASE USE CAPITAL) _____

Date Of Birth : ____ / ____ / ____ Gender : Male Female Other

Address : _____

Mobile : _____ E-Mail : _____

Parent's Mobile : _____ Nationality : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

MEDICAL/OTHER INFORMTAION

Doctor Name : _____ Phone Number : _____

Medicare Number : _____ Ambulance Number : _____

Healthcare /Pension Card : Yes No

Card Number : _____ Expiry Date: : _____

Does participant have any illness, allergies, or concerns?

Does participant have any dietary requirements?

Any behavioral or other concerns?

Has the participant registered on Play HQ? : Yes No

Should your child be photographed, do you allow for the photo(s)to be published in the print media or web site for publicity purposes only? : Yes No

I consent for my child to be transported if needed by a LTF staff member(s)

: Yes No

I / we being the parent(s) / guardian(s) of the fore mentioned child(ren) consent to them attending 96ers Basketball Club activities run by the Les Twentyman Foundation (LTF). I / we also acknowledge that should my child misbehave that they may no longer be permitted to participate in future LTF activities. I / we authorize you in the event of injury or accident involving my child to obtain the necessary medical assistance from their Family Doctor or nearest public hospital as required. The Les Twentyman Foundation, their employee's, coach's, servants or agents shall not be liable for any injury, loss of income or damage suffered by any person participating in their program(s).

Authorisation: - I hereby agree to the terms and understand the conditions set out above:

Name : _____ Signed : _____ Date : _____

PLEASE NOTE THIS FORM IS TO BE COMPLETED AND HANDED TO AN LTF STAFF MEMBER PRIOR TO REGISTERING

96ERS CONFIDENTIAL PARTICIPATION FORM

LTF ADMINISTRATIVE USE ONLY

NAME OF ACTIVITY : 96ers Basketball Club

LTF STAFF MEMBER RESPONSIBLE :

BASKETBALL CLUB UNIFORM RECEIVED : Yes No SINGLET # : _____

CSNET CLIENT NUMBER :

PLAY HQ ACCOUNT : Yes No

BV INSURANCE FEE PAID? : Yes No DATE PAID : _____

LTF FEES PAID? : Yes No

COPIES PROVIDED OF:

MEDICARE CARD : Yes No

HEALTHCARE / PENSIONER CARD : Yes No