15th March 2013

Dear Parents and Guardians

I give my permission for my daughter ____________________________ to play basketball for Merici College in the Basketball ACT Winter Competition 2013, to be played at Belconnen or Tuggeranong Basketball stadiums on Saturdays and/or Sundays starting in term 2.

I understand that this requires a commitment to attend all training sessions and games for the entire season, except in exceptional circumstances to be discussed with the coach and manager of the team. I recognise that Merici College will try to keep established teams together but that this may not always be possible as circumstances change with each new competition.

I understand that all players are responsible for payment of registration fees.

Also please note that two parents are required to assist with bench duties each game. A roster is drawn up for the team so this is shared among the whole team for the season.

Signed: ____________________________ Date: ________________

Please indicate if you are able to assist with any of the following:

- Coaching ☐
- Team manager ☐
- Umpiring ☐
- Referee ☐
Medical Information

Name of Sport: .............................................

Students Name: ..................................................

Date of Birth: .............................. School year: .................

Parent/Guardian full name: ..................................................

Address: ........................................................................

Parent/Guardians’ Emergency Numbers: H) .................... W) ...................... M) .........................

Other Emergency Contacts: Name:........................................ Ph:.............................................

Name of Students Doctor: ..........................................................Ph: .............................................

Medicare Number: .............................................

Medical/Hospital Insurance Fund: ..................................................

Contribution Number: ..................................................

Ambulance Fund: ..................................................

Please tick if the student suffers from any of the following:

- Asthma
- High blood pressure
- Headaches
- Diabetes
- Fainting
- Hay fever
- Eczema
- Allergies
- Epilepsy
- Fits or blackouts
- Adverse reaction to drugs

- Sight/hearing issues
- Nose bleeds
- Other

If you have answered yes to any of the above, please give details or add an attachment:

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Date of student’s last Tetanus injection: ..................................................

Has the student suffered from any acute illness or been treated by a medical practitioner for an injury during the last four weeks? Yes  No

If yes, please state nature of illness and obtain a report from the medical practitioner with a certificate stating the student is fit to participate in the sports:

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