



ENROLMENT FORM

STUDENT DETAILS

NAME: _____

DATE OF BIRTH: ___/___/_____

CURRENT AGE AT START OF YEAR: _____

PARENT/GUARDIAN DETAILS

NAME: _____

RELATIONSHIP TO STUDENT: _____

POSTAL ADDRESS: _____

PHONE: _____

MOB: _____

EMAIL: _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE A MEDICAL CONDITION? IF YES, PLEASE SPECIFY BELOW:

NO

YES

PLEASE SPECIFY CONDITON HERE:

IF MORE THAN SENIOR FIRST AID IS REQUIRED (IE AMBULANCE, MEDICAL FACILITY OR DOCTOR) DOES THE COACHING STAFF HAVE YOUR PERMISSION TO ARRANGE?

NO

YES

MEDICAL EMERGENCY CONTACT DETAILS

NAME: _____

NAME: _____

HOME PH: _____

HOME PH: _____

WORK PH: _____

WORK PH: _____

MOBILE: _____

MOBILE: _____

PARENT/GUARDIAN CONSENT

SIGNATURE: _____

DATE: _____