



Total Development Program



Registration

Player Details

Name:Age:

Address:

Phone: Email:

Parent/Guardian Details

Name:

Address:

Phone: Email:

Does your child suffer from any medical conditions or injuries that we need to be aware of? Yes/No:

If yes, please provide details:

Doctor's Contact Details:

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Medicare Number:

I give permission for my child to participate in the Total Development (TD) Program to be held at the Maroochydore Basketball Stadium. I authorise the Coaches & Staff of TD & the Maroochydore Basketball Stadium to seek medical attention for my child if needed.

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Signature (Parent/Guardian)

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Date