

Melton Dragons Basketball Club Incorporated

Player Registration & Consent Form

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of Player			
Home Address:			
Date of Birth:			
Gender:	Male	/	Female
Name of parent / carer:			
Day time contact number parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time contact number for alternative adult:		Contact number alternative adult:	
Please detail any activities that your child can not participate in:			
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes: Please give details:	No:	
Details of medication required (pain/inhaler/Epi Pen):			
Any specific medical condition or disability?	Yes: Please give details:	No:	
Any allergies?	Yes: Please give details:	No:	
Details of any dietary requirements (vegan/vegetarian):	Yes: Please give details:	No:	

Consent information: <i>please tick the boxes below</i>	
<input type="checkbox"/> It may be essential at some time for authorised persons acting on behalf of the club to have the necessary authority to obtain urgent treatment which may be required whilst at representative club competition or training. Please tick to give your consent to emergency treatment being given to the named player on this form by trained personnel.	
<input type="checkbox"/> I confirm that I have read, or been made aware of, the organisation's policies concerning: <ul style="list-style-type: none"> • Codes for conduct for parents and spectators • Photography and Recorded Images 	
<input type="checkbox"/> I can confirm that my child is aware of the <u>Basketball Victoria</u> code of conduct for players	
Signature of parent / carer:	
Print name parent / carer:	
Date:	
Signature of Club President:	
Print name Club President:	
Date:	

