

SCHOOL HOLIDAY PROGRAM REGISTRATION FORM

Please fill in the details below to register.

Participant Details

Name: _____ Gender: _____

Address: _____ Postcode: _____

Date of Birth: _____

Country of Birth: _____

Nationality: _____

Torres Strait Islander Aboriginal None

Phone No (BH): _____ Mobile: _____

Current Club, if any: _____

Email: _____

Parent/Guardian Details:

Name: _____

Phone No (BH): _____ Mobile: _____

Please tick which program your child will be attending. Spaces are limited so get in quick!

- Tuesday 29th & Wednesday 30th of June, 2010 – Sunshine North
- Wednesday 30th of June & Thursday 1st of July, 2010 - Burwood
- Wednesday 30th of June & Thursday 1st of July, 2010 - Doreen
- Tuesday 6th & Wednesday 7th of July, 2010 – Darebin
- Wednesday 7th & Thursday 8th of July, 2010 – Seaford

All programs are 10am – 2pm. Full details can be found on www.sedagroup.com.au.

MEDICAL INFORMATION

This information is required in case of an emergency; all information will be kept confidential between FFV/SEDA staff and the first aid officer on the day.

Emergency Contact:

Name: _____

Phone No (BH): _____ (MOB): _____

Medical History:

Current Medical Conditions:

Regular medications including supplements, stating name and dosage:

Asthma Sufferer: Mild Moderate Severe None

Other Allergies:

Please note: All participants are required to wear shin pads while taking part in the program.

Please complete the consent below:

Where the Staff Member in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the Staff Member in charge to:

- Consent to my son/daughter receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first-aid as the Staff Member in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: _____ Date: _____

PAYMENT METHODS

1.1 Payment Details - Cheque	
Cheque Attached <input type="checkbox"/>	Cheque payable to: Sports Education and Development Australia Trust Account
1.2 Payment Details – Payment via EFT	
EFT Details <input type="checkbox"/>	<p>Account Name: Sports Education and Development Australia Trust</p> <p>Bank: ANZ</p> <p>BSB: 013 247</p> <p>Account No: 254019721</p> <p>Note: If utilising EFT please enter participants name as description and state program reference details of FFVSHP.</p>

Please post registration form along with cheque to: Level 1, 425 Riversdale Rd, Hawthorn East VIC 3123 or **Fax form to:** 9818 7549

Note: Payment must be made with registration as spaces are limited. Money will not be collected on the day