EDMUND RICE CENTRE

Tennis Program at Kingsbridge Reserve, Butler

Wednesdays - 5pm to 6:30pm Start date: 4th May 2016

For youth aged 5 years to 18 years old



Parents/guardians can support and watch your kids plaving



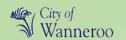


For more information please contact Edmund Rice Centre on 9349 9660 or Lisbeth@ercm.org.au











Edmund Rice Centre Youth Programs — Young Person's Details



Full name:	Dietary Requirements:
	Allergies:
Home address: Suburb: Post code:	Ailments/Injuries:
Home phone: Mobile phone: Emergency Contact Person: Address: Emergency phone:	Medication? YES / NO If 'YES' please state details: Medication: Dosage: Times: Medicare number: Number on card:
Culture:Arrived in Australia:	Ambulance Cover (please circle): YES/NO Anything else we should know:
PARENTAL CONSENT I give permission for (name) to participate in the Edmund Rice Centre Youth Programs. I understand that the programs will be mainly of an arts (e.g. media, performances), sports (e.g. training/games in various sports) or leadership (e.g. coaching) nature, and may include excursions and camps. I also understand that my child may be photographed or filmed while conducting activities on the Youth Programs and I give permission for these photographs and films to be used for informational material about the program and for the promotion of positive youth involvement in our community. I also understand and accept that my child may be transported in personal vehicles and that at any time I can request that this not take place. I will then be responsible for transporting/collecting my child if a bus is not available. I release the Edmund Rice Centre Mirrabooka Inc. and partners from liability for any accident, illness	
or injury my child may sustain whilst involved in these activities and I request that medical attention be taken at my expense, including the cost of an Ambulance if required. I understand that every effort will be made by the Coordinator and other staff to contact me first and then the "emergency contact" named on the application form in the event of any illness or accident relating to my child. I hereby authorise that in the case of an emergency, the Coordinator has my consent for my child to receive medical or surgical treatment if I am not able to be contacted. I confirm that the particulars on the application form and medical report are correct.	
Parent/Guardian's Full Name:	
Signature:	-