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 playing

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

EDMUND RICE CENTRE MIRRABOOKA

FAIRGAME donate SPORT

Department of Sport and Recreation
GOVERNMENT OF WESTERN AUSTRALIA

City of Wanneroo

City of Stirling

Edmund Rice Centre Youth Programs – *Young Person's Details*

EDMUND RICE CENTRE MIRRABOOKA
Alternative Learning and Community Development

Full name: _____
Male ☐ Female ☐

Home address: _____
Suburb: _____
Post code: _____

Home phone: _____
Mobile phone: _____
Emergency Contact Person: _____
Address: _____
Emergency phone: _____

Date of birth: _____
Culture: _____
Arrived in Australia: _____

Dietary Requirements: _____
_____
Allergies: _____
_____
Ailments/Injuries: _____
_____
Medication? YES / NO
If 'YES' please state details:
Medication: _____
Dosage: _____
Times: _____

Medicare number: _____
Number on card: _____
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: _____