

ENROLMENT FORM

Program Name: Emerging Athlete Development Camp

**Compulsory field*

Participant Details			
*Name			
*Email			
*Mobile Ph.		Home Ph.	
*Address			
*Suburb		Post Code	
*Date of Birth		Gender	

If under the age of 18 years, please complete Parent/Guardian detail below:

*Parent/Guardian _____ *Telephone: _____

Emergency Contact			
*Name			
*Mobile Ph.		Home Ph.	

Club Details	
*Sport:	
*Grade:	
*Coach:	
*Club:	

Medical Information

1. Do you have any current medical conditions listed below that may affect you whilst participating in the program? If yes, please tick condition and provide details below of any medical information that would be valuable for your safety and wellbeing:

Do you or have you had any of the following conditions or symptoms?	
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Stroke	<input type="checkbox"/> Dizziness or fainting
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Liver or Kidney Condition
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Allergies or Anaphylaxis
<input type="checkbox"/> Low Blood Pressure	Any other:

Please indicate if you have any injuries that may affect you whilst participating in the program?

By signing this form, individuals are declaring themselves medically and physically able to participate in physical activity, and understand and accept the adherent risks of undertaking exercise.

Photography

Do you consent to the City of Port Adelaide Enfield to use in its internal or external communications, photographs and/or video recordings featuring my image/my child's image that have been taken and/or recorded by the City of Port Adelaide Enfield. This includes its use in print publications and/or any digital or electronic media for promotional or other purposes that may be publicly available.

☐ Yes ☐ No

I understand that the City of Port Adelaide Enfield holds copyright for these materials and that I have no ownership of it. I unconditionally release the City of Port Adelaide Enfield and its employees from any claims, costs and/or liability arising in connection with its use of materials in accordance with this consent.

☐ Yes ☐ No

How did you hear about us?

☐ Social Media ☐ Recommended by previous visitor ☐ Live locally
☐ Newsletter / Flyer in mail ☐ Other: _____

Terms and Conditions

By entering The Lights Community and Sports Centre, each patron agrees to the conditions of entry and all health and safety requirements. Failure to comply with these conditions of entry may result in the individual or group being refused entry to the centre, asked to leave immediately, authorities being contacted or legal action being taken. Conditions of entry are subject to change without notice.

Signed: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

The City of Port Adelaide Enfield is committed to the safety and wellbeing of children, young people and other vulnerable people who access Council's services and programs. Council supports the rights of the child and vulnerable persons in the community and will act without hesitation to ensure a safe environment is maintained at all times. Council will also support the rights and wellbeing of employees and volunteers and encourage their active participation in building and maintaining a safe environment for all participants.