

# Junior Squash Program Enrolment Form

Participant Details			
Surname:			
Given Name:			
School:			
Address:			
Suburb:		Postcode:	
Mobile No:		Date of Birth:	/ /

Parent/Guardian Emergency Contact Details	
Full Name:	
Relationship to Participant:	
Mobile No:	
Email:	

Full Name:	
Relationship to Participant:	
Mobile No:	
Email:	

## Medical Information

Does the participant have any impairments, disabilities, physical limitations or medical conditions?  
If yes, please provide details.

Does the participant wear glasses/contact lenses?

Is the participant on any medication or requiring any treatment?

Does the participant suffer from allergies of any kind?

**PLEASE TURN OVER .....**

### Photography

During any given session, photographs and/or video footage may be taken of the participant. These items may be used either within the club or in printed material distributed at the club along with posts made on Facebook. The items will be used as promotion and will NOT contain the participant's name. Do you give permission for us to take photographs and/or video footage?

Yes

☐

No

☐

### How did you hear about us?

☐

Live locally

☐

Brought children here

☐

Flyer in mail

☐

Ad/article in local newsletter

☐

Other: \_\_\_\_\_

### Declaration

I authorise the staff, coaches and assistants to obtain necessary medical assistance in the case of an accident or medical condition and agree to pay all medical and dental expenses incurred on behalf of the above named participant.

I appreciate that while all due care is taken, neither the club, coaches or its staff and assistants, or anyone connected with the club, can be held responsible for personal injury or loss of property.

The information given above is accurate to the best of my knowledge. I have read, understood, and hereby agree to the terms and conditions of membership above.

**Signature:**

**Date:**

/

/