

Futsal Fun

REGISTRATION FORM TERM 1 2011

Child 1 Name: _____ D.O.B.: _____ Age: _____

Child 2 Name: _____ D.O.B.: _____ Age: _____

Child 3 Name: _____ D.O.B.: _____ Age: _____

Address: _____ Town: _____

Postcode: _____

Parent's Name: _____ Phone (H): _____

Mobile: _____ E-mail: _____

Primary School Attended: _____

Session Time (please circle): **Tuesday** 4.00pm– 4.45pm **Starting – 1st March**

Emergency Contact: _____ Phone: _____

Relationship to Child: _____ Mobile: _____

(Office Use Only) Paid \$ _____ Date: _____ Staff Member: _____

Consent Form Received Medical Checklist Received

Photo Permission Received Children confirmed and placed on attendance sheets



ACTIVITY: Futsal Fun

Purpose of the consent form

This form is intended to ensure that you (the parent/guardian) provide informed consent for your child/children to participate in the activity organised by Council, on the terms and conditions set out in this form. This form contains terms which are of legal force and effect and Council asks that you read the form carefully and, if necessary, obtain your own advice on the effect of the form before signing it and being bound by it.

Effect of the consent form

Without limiting the effect of the form, it provides in summary that;

1. You consent for your child/children to participate in the activity on the terms set out by Council.
2. You agree for your child/children to participate at their sole risk.
3. If your child/children is injured or suffer loss during the activity you/they may not be able to take any action against Council, its employees, volunteers, servants and agents. Participants suffering harm are presumed or you are presumed to be aware of obvious risks unless the participant/you prove, on balance of probability, they/you were not aware of such a risk. Council has no liability for harm suffered from obvious risks of dangerous recreational activities. Further, Council has no duty owed to participants engaged in recreational activity if they/you are warned of the risk involved
4. If your child/children cause injury or loss to a third party during the activity and the third party takes action against Council, you agree to indemnify (reimburse) Council for any cost or loss that Council may incur as a result.
5. You authorise Council, its employees and volunteers to organise and consent to any medical treatment that your child/children may require during the activity, at your own cost.

If the activity is physically demanding the following terms and conditions shall apply.

I am aware that the activity, in addition to the usual inherent damages has certain additional dangers and risks for my child/children which may include, but not limited to:

- *Physical Exertion for which my child /children may not be prepared.*
- *Unfamiliarity in the correct use of equipment.*

What you agree to

I hereby agree for my child/children to participate in the activity on the terms and conditions set out in this form. I understand that those terms and conditions effect their/ my legal rights and obligations and that I have had adequate opportunity prior to signing this form to obtain independent legal and other advice on the effect of signing this form.

I accept the inherent risk of Aussie Net on behalf of my child/children and possibility of injury, death, property damage or loss resulting there from. I acknowledge that whilst the (Council) will make every reasonable effort to minimise exposure, not all dangers associated with Aussie Net can be eliminated.

I hereby agree to indemnify (Council) its Councillors, employees, volunteers, servants and agents from and against all actions, costs, claims, charges, expenses, penalties, demands and damages whatsoever which may be brought or made or claimed against them , or any of them, arising from my child/children participating in the activity directly related to my child's/children's negligent acts, errors or omission.

I further authorise the employees, volunteers, servants and agents of (Council) who are to supervise the activity to obtain such urgent medical assistance and treatment, including the administration of a general anaesthetic and the giving of blood transfusions and other medical and hospital services as they may be advised are necessary and/or appropriate for my child/children and I further agree to pay the costs of such treatment.

In entering into this Agreement, I am not relying on any oral, written or visual representations or statements by the (Council) or its Councillors, employees, volunteers, servants and agents or any other inducement or coercion for my child/children to participate in the activity.

As the parent/guardian, I confirm that I have read and understand this Agreement prior to signing it and agree that this Agreement will be binding on my heirs, next of kin, executors, administrators and successors.

I agree that this Agreement shall be governed in all respects by and interpreted in accordance with the law of Victoria/Tasmania (delete State not applicable).

DATE: _____ SIGNATURE: _____ (Parent/Guardian)

Photograph Permission

I,(Parent/Guardian Name)
of address.....
being the parent/guardian of.....(Name) hereby consent to the use
of photographs of my son/daughter by the Shepparton Sports Stadium and Greater Shepparton City Council
for promotional and publicity purposes.

I understand that photo's taken may be widely distributed throughout the community and the media.

I also give consent to local or other media to take their own photograph, where necessary, of my son
daughter for publicity and promotional purposes.

DATE: _____ SIGNATURE: _____ (Parent/Guardian)

PARTICIPANT MEDICAL CHECKLIST

Noted below in the Medical Checklist are all the known medical conditions and medications which would affect the rendering of urgent medical assistance for my child/children.

Participant name/s:-----

Ambulance membership number is: _____

Participant next of kin is:

_____ (Name)

_____ (Address)

_____ (telephone numbers)

Signed: _____ (Parent/Guardian)

PRINT NAME: _____

Address: _____

Date: _____

MEDICAL CHECKLIST

Known medical conditions (if multiple children please indicate clearly)

Condition	Treatment

Current medications
