



LARGS BAY SCHOOL NETBALL **REGISTRATION OF INTEREST**

Netball is offered to boys & girls at Largs Bay School throughout Term 2 and 3 dependent solely on parental support as coaches, assistant coaches, managers, scorers and supervisors. Teams are Under 8, Under 10, Under 12 and Under 14.

Matches: Mondays after school, between 3.50pm and 6.30pm.
Games commence Monday 7th May, Term 2

Location: Port Adelaide Recreation Centre
50 St Vincent St. Port Adelaide

Training: tba

Weekly Cost: \$5.00 per player at the Port Adelaide Rec Centre

Registration Fees: \$30.00 to cover cost of balls, bibs and a medallion for each player at the end of the season.

Coaches: tba

NB. Coaches/Managers are required to have completed RAN training (Responding to abuse and neglect).

Uniform: School netball shirt (provided) and school shorts or skirt. Bibs will be supplied at the games.

Scorers: It is expected that all parents will take turns scoring at games.

Please complete the tear off section below for each child interested in participating and in what capacity you are able to assist the teams and school to make the competition run smoothly.

Please complete the health and emergency contact details, with this tear off slip and return to school with payment

Bob Bowden
Deputy Principal

PLEASE RETURN THE ATTACHED REGISTRATION FORM AND PAYMENT OF \$30
NO LATER THAN THURSDAY 12th APRIL



Largs Bay School



SCHOOL SPORT INFORMATION SHEET

SPORT: **NETBALL**

YEAR LEVEL

TEAM (To be completed by admin).....

CHILD'S NAME..... AGE..... D.O.B.....

PARENT'S NAME..... PHONE.....

ADDRESS.....

.....

EMAIL

EMERGENCY CONTACT..... PHONE.....

Please indicate your ability to assist below

COACH	ASSIST COACH	MANAGE	SCORER / TIMER

I give my permission for my son/daughter to be involved in both training and matches for the above sports team.

I authorise the coach/es to obtain any medical assistance which they deem necessary and I agree to pay all medical expenses on behalf of the above student.

I enclose / agree to pay \$30 registration fee.

DATE.....

SIGNED.....

(Parent/Guardian)

NB If you fail or neglect to provide sufficient and current information in writing to enable the proper treatment of your child no liability will be accepted by the school for any injury or illness which your child may suffer as a result.

PLEASE COMPLETE THE MEDICAL INFORMATION FORM ON THE OTHER SIDE OF THIS PAGE and Provide health care information if relevant

MEDICAL INFORMATION

SPORT.....

CHILD'S NAME.....

Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS. IF MEDICATION REQUIRED, SEND WITH STUDENT.
CONVULSIONS / SEIZURES (e.g. Epilepsy)	Yes/No	
ASTHMA OR OTHER CHEST PROBLEMS	Yes/No	
ALLERGIES (e.g. Bee stings)	Yes/No	
DIABETES	Yes/No	
VISION OR HEARING PROBLEMS (e.g. Glasses or Hearing Aid)	Yes/No	
EAR DISORDER (e.g. Drainage tubes)	Yes/No	
DERMATITIS (relevant skin conditions)	Yes/No	
OTHER RELEVANT CONDITIONS (e.g. A.D.D. Attention deficit disorder)	Yes/No	
MEDICATION (e.g. any current medication)	Yes/No	

Any other relevant information.....
.....

PARENT'S NAME.....

SIGNATURE.....