



## REGISTRATION 2012

ENROLLING FOR:

LOCATION \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

CHILDS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE : \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOW DID YOU FIND US? \_\_\_\_\_

HAVE YOU PREVIOUSLY ENROLLED WITH US? YES / NO

**ENROLMENT \$30 FEE PER CALENDER YEAR PLUS TERM FEES, RE-ENROLLMENTS \$20 FEE PER CALENDER YEAR PLUS TERM FEES**

Payment can be made by Direct Bank Deposit, or Cheque.

Please make cheques payable to: **MIGHTY TOTS SOCCA**

Bank Transfer detail: (please put child's name as reference)

**BSB: 122-740 Account No: 20945833**

Cheques/Money Orders can be posted to: PO BOX 818 KINGS LANGLEY 2147

# PHOTO PERMISSION FORM

For Persons under 18 years of age

From time to time, Mighty Tots Socca would like to use photograph's that have been taken at the classes. These will have been taken by us, or will have been provided for by the parents. In order for us to use these photos for promotional and reporting purposes, please complete the consent form, and return it along with your registration form.

If you do not consent to any photographs of your child/children to be used, you do not need to complete this form.

Name: \_\_\_\_\_

I, \_\_\_\_\_ give **Mighty Tots Socca**, permission to use photos of my child/children for the purposes of reporting and future promotion of **Mighty Tots Socca** activities.

I am aware that these photo/s may be published accompanying editorials or advertising for **Mighty Tots Socca** in: (Please tick appropriate box)

- Future promotional publicity/brochures**
- [www.mightytotssocca.com/gallery](http://www.mightytotssocca.com/gallery)**

I do/do not (*please circle*) give permission for my child/children's name/s to be printed alongside the photograph.

I am aware that **Mighty Tots Socca** will use my photos in good judgment and as agreed to by me and that I have the right to revoke permission for use at any time.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

# MEDICAL CONSENT FORM

For Persons under 18 years of age

My child/children suffers from asthma (please tick) Yes [ ] No [ ]

List names affected by asthma: \_\_\_\_\_

Medication available: \_\_\_\_\_

My child/children are known to be allergic to: (Provide names if more than 1 child)

\_\_\_\_\_

Any other relevant medical history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child/children suffering from an injury or condition which is likely to be aggravated by the proposed activities?: Yes [ ] No [ ]

If so, please give details (provide names if more than 1 child) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorise the obtaining on my behalf of such medical assistance as my child/children may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending.

In the case of an emergency please contact: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian