

THE FOOTBALL GROUNDS ENROLMENT FORM

CHILD DETAILS

Surname _____

Given names _____

Preferred name _____

Home address _____

Suburb _____ Postcode _____

Gender Male Female Date of birth ____/____/____

PARENT DETAILS

Parent One

Parent Two

Where answer is same as Parent One write same

Surname	_____	_____
Given Names	_____	_____
Preferred name	_____	_____
Home address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Mobile	_____	_____
Best contact number	_____	_____
Email	_____	_____

MEDICAL INFORMATION

Medicare Number _____

Do you have ambulance cover? Yes No

Private Health Fund Yes No Fund name _____ Fund Number _____

Doctor's Name _____ Doctor's phone number _____

Doctor's address

Specific Health Care Needs

Does your child have any specific health care needs or medical conditions eg asthma, allergies, anaphylaxis, diabetes? Yes No

If yes, please provide details

* If yes, please provide a Medical Management Plan for your child (these are prepared by and signed by the child's doctor). The Plan should cover what triggers the medical condition or allergy, first aid needed, doctor's contact details, plan review date and include a photo of your child.

ADDITIONAL NEEDS

Has your child been diagnosed with any special needs or learning difficulties? Yes No

If yes, please provide details

AUTHORISATIONS AND EMERGENCY CONTACTS

Do you authorise The Football Grounds to seek medical treatment for your child from a registered medical practitioner (includes dentist), hospital or ambulance service, and/or to transport your child by ambulance in an emergency?

Parent 1 Yes No Signature _____

Parent 2 Yes No Signature _____

You may authorise another person to collect your child from The Football Grounds. If your child needs to be collected because they are unwell, we will contact this person if we cannot contact you or you are unable to collect your child. This person must therefore live a maximum of 30 minutes from Erina and must provide identification when collecting the child. Please obtain their consent before listing them as an emergency contact.

Contact One

Name _____

Relationship to child _____

Home phone

Work phone

Mobile

Address _____

Email _____

Contact's Signature _____

Parent One

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Parent One Signature _____

Parent Two

I authorise this person to collect my child from your service Yes No

Can we notify this person of any emergency involving your child if we cannot immediately contact you? Yes No

Can this person consent to medical treatment or the administration of medication if we cannot contact you? Yes No

Parent Two Signature _____

PHOTOGRAPHY

I consent to:

- photographs taken by staff members being used to publicise the business or to inform The Football Grounds families about what is happening at the Centre. This may include posting the photographs on our website or including them in brochures and media articles.
- the posting of photographs taken by staff members on the The Football Ground's social media account

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the The Football Grounds in writing.

Parent One Yes No Signature _____

Parent Two Yes No Signature _____

DECLARATION

As a person who has parental responsibility for the child referred to in this enrolment form for The Football Grounds I:

- declare that the information in this enrolment form is true and correct and I will immediately inform the service in the event of any change to this information
- understand there may be costs involved in the provision of professional medical, ambulance or hospital services to my child as a result of a medical emergency or accident at the service, and I agree to pay those costs
- agree to collect or make arrangements for the collection of my child if he/she becomes unwell at the centre
- will not send my child to the centre if he/she is sick/unwell
- understand my child must have any required medication (including Epipen) with them at the centre at all times or they will be unable to attend
- understand and agree that a first aid trained staff member may administer first aid when necessary
- declare that I have read and understood the Code of Conduct and policies of The Football Grounds and will abide by them.
- have read and will comply with the fees and payment structure of The Football Grounds
- agree to update any information relating to my emergency contacts, the people I have authorised to collect my child, and my child's medical professionals (including their contact details)
- understand that the The Football Grounds may suspend or terminate my child's place at the centre if he/she feels that the safety or wellbeing of any child or staff member at the service is compromised by my child or a family member

Parent One Signature _____

Date _____

Parent Two Signature _____

Date _____