

GAME ON – Registration

For 9 to 18 years old participants and volunteers

The following form must be filled in, signed and dated by all participants and volunteers.

Dates: Every last Friday in the Months October to June (except December) and then at least one further evening, mid January

Time: 5.30 to 7.30pm
Sausage sizzle included

Venue: Outer Memorial Park (aka Grahame Thomas Oval), Bankstown

Participants will learn to play a different ball game each Friday including oz tag, touch and soccer:

- Quality Coaching, Demonstrations and Drill progressions that produce results.
- Games will be played in a Fun and Friendly Environment!
- Ideal for beginners and all levels, each session will help improve overall skills.

Friday 25 November 2011 5.30 to 7.30pm – AFL skills

Participants will be divided into categories by age

Participant/volunteer name and details:

Name:

Date of Birth:

Address:

Phone:

Email:

Please tick the appropriate age group you fit in:

Age Group: 9 - 14 years 15 – 18 years Over 18 (Volunteer only)

Please tick which session(s) you will be attending:

All 9 sessions < 9 > 5 < 6 > 2 < 3 1 only

For all participants under 18 this form must be signed by a parent or guardian

Parent/Guardian Name:

Address:

Phone:

Email:

'Game On': Consent Form and Waiver

Risk Warning: Engaging in this sports clinic may result in personal injury or damage to your property.

Waiver: As a condition of participation in the Game On, participating organisations accepting this registration, I/we agree that:

1. I/we have read the warning set out above in red.
2. I/we have read and understood the conditions of entry set out in this application form and agree to comply with those conditions.
3. I/we will accept directions from those conducting the 'Game On' program.
4. Participating organisations staff have my/our consent to render medical treatment if necessary.
5. In the event of certain injuries, I/we give permission for Participating organisations to engage Ambulatory care, and transport injured participants to hospital. I/we also accept that I/we will be responsible for bearing any costs involved with the ambulance transport or medical costs including hospital admissions.
6. Participating organisations will not be liable for any death, loss, injury, damage to property or economic loss suffered by me/us.

Photography Consent:

I hereby consent to my photograph being taken. This photo will only be used in publicity associated with Participating organisations which are community related and not of a commercial nature.

- Not every photograph taken will be used

Emergency contact on each day of play:

Full name:

Relationship to participant/volunteer:

Emergency contact number:

Participant signature to consent: _____ **Date:** _____

Parent/Guardian Signature for consent: _____ **Date:** _____

(Please ensure you have read the 2 pages of this form).

For all volunteers, we will need to carry out our normal volunteer recruitment process which includes a 'Volunteer Declaration' and may include a 'Working with Children Check'. Please sign below to both consent to this and photography consent and we will be in contact.

We need volunteers to help set up the ground, preparing and cooking food, help support and coach players etc. We will also run two workshops with guardians/parents/volunteers about getting the most out of playing games with children.

Volunteer Signature to consent: _____ **Date:** _____

Please e-mail to Woodville jmillynn@woodville.org.au, fax to Jacquie on 9726 0325 or post Woodville Community Services, PO Box 468 Villawood 2163

Or return to your local participating community organisation.