



Student's Name: _____ Date of Birth: _____

Name of School: _____

Sex: (Please Circle) Male / Female Aboriginal or Torres Strait Islander (ATSI): YES / NO Non English Speaking Background (NESB): YES / NO

Sports Ready Program

Information from this section will assist us to develop a program tailored to your child's specific needs:

- Please specify the disability and/or condition:
Please circle all relevant types of disability: Intellectual / Learning / Behavioural / Physical / Sensory / ABI
Please list any other associated conditions? (e.g. asthma, epilepsy)
Please list any support information and information that we may need to be aware of when conducting a sports program for your child. (e.g. non-verbal, uses some signs... uses a wheelchair and has some movement in the lower body but no sensation...resists change...)

Medical Information

Medical Emergency Procedure: E.g. My child has seizures, time seizures for x minutes and call an ambulance.

Allergies: Please list all/any allergies your child may have. E.g. foods, band aides, latex etc

Emergency Contact Details: Name Relationship to child

Phone Number: Mobile Home Work

Photos and Media

I give permission for my child to appear in photos and media coverage which may be used for promotional purposes by Sport & Recreation Services: (Please Circle) Yes / No

Parent/Guardian Signature: _____ Date: _____

If you want to be put on the mailing list for the Quarterly Newsletter for Sport & Recreation Services or want to learn more about the afterschool services we offer please contact Ryan Kiddle or Michael Norris on (02) 4255 8000.