



REACHING OUT, CHANGING LIVES
Edmund Rice
CENTRE WA

Common Goal Lynwood

For all young people aged 8 to 18+ years

Team! Fun! Fitness!

Soccer

Mondays 4pm–6pm
Woodford park, Lynwood

Bring:

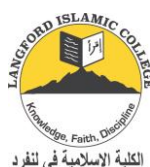


For more information
contact Lueth Duot at
ERCWA on 9349 9660 or
lueth@ercwa.org.au

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For more information
visit us at
www.ercwa.org.au



Edmund Rice Centre Youth Programs

Registration Form (Please fill in full)

PARTICIPANT DETAILS		
Full Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name:	Date of Birth:	
Address:	Suburb:	Postcode:
Phone:	Email:	
Country of Birth:	Year arrived in Australia:	
Languages spoken at home:	Family cultural background:	
School/Educational Institute:		
Allergies:	Ailments & Injuries:	
Dietary requirements:		
Medical Conditions/Disability:		
Are you on medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of medication:	
Dosage:	Times to be taken:	
I usually participate in sport & recreation: <input type="checkbox"/> Less than 1 hour a day <input type="checkbox"/> More than 1 hour a day		
How did you find out about the program?		
PARENT/GUARDIAN DETAILS		
Full Name:	Relationship to Participant:	
Phone:	Email:	
EMERGENCY CONTACT DETAILS		
Full Name:	Relationship to Participant:	
Phone:	Email:	
PARENTAL /GUARDIAN CONSENT <p>I give permission for _____ to participate in the Edmund Rice Centre WA youth programs. I understand that the programs will be mainly of an arts (e.g. media, performances), sports (e.g. training/games in various sports) or leadership (e.g. coaching) nature, and may include excursions and camps. I also understand that my child may be photographed or filmed while conducting activities on the youth programs and I give permission for these photographs and films to be used for informational material about the program and for the promotion of positive youth involvement in our community. I also understand and accept that my child may be transported in personal vehicles and that at any time I can request that this not take place. I will then be responsible for transporting/collecting my child if a bus is not available.</p> <p>I release the Edmund Rice Centre WA and partners from liability for any accident, illness or injury my child may sustain whilst involved in these activities. I understand that every effort will be made by the coordinator and other staff to contact me first and then the "emergency contact" named on the application form in the event of any illness or accident relating to my child. I hereby authorise that in the case of an emergency, the coordinator has my consent for my child to receive medical or surgical treatment if I am not able to be contacted. I confirm that the particulars on the application form and medical report are correct.</p>		
Transport home:	<input type="checkbox"/> I will arrange transport	<input type="checkbox"/> My child can walk home
Would you like to volunteer on the program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian Full Name:		
Signature:		Date: