



EAST ADELAIDE SCHOOL

After School Sports

TERM 4 2018 & Term 1 2019 BASKETBALL REGISTRATION FORM

Due Date: Friday 21st September

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_ Room: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Experience in nominated sport: \_\_\_\_\_

Friend's Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ (to assist with placements)

Preferred T-Shirt Size: 6 8 10 12 14 16 18 20

Sports:

1. BASKETBALL

Office use only: payment received

2. \_\_\_\_\_

Office use only: payment received

Does your child have a medical condition that coaches need to be aware of? Yes / No (please circle)

Does the school hold a current health care plan for your child? Yes / No (please circle)

If yes to either of the above questions, please complete all relevant information below: (please tick)

Asthma

Heart Condition

Allergies

Epilepsy

Diabetes

Other

Care or treatment required:

- I give permission for my child to participate in the sports nominated on this form.
- I will contact the coach whenever my child is unable to attend a practice session or a game.
- I authorise the After School Sports Coordinator to provide my contact details (including email) and emergency contact persons' details to coaches and team managers in order to keep me aware of game changes, training cancellations or any other information that needs to be provided to me. I will ensure I regularly check my email so that I am aware of any changes.
- I authorise the coach to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.
- I understand that it is the After School Sports Coordinator's role to place my child into a team and assign coaches to those teams. I also understand that the After School Sports Coordinator works in conjunction with teachers and coaches to allocate children to teams and their decision is final.
- I understand that by registering my child, I have read and agree to the East Adelaide School After School Sports Policy and Procedures.
- I understand that my child's registration is non-refundable, unless my child cannot be placed in a team or develops a medical condition.

Parent/Caregiver 1 Contact Details

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ (for contact during practice/games)

Email: \_\_\_\_\_ (correspondence/game information)

Parent/Caregiver 2 Contact Details

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ (for contact during practice/games)

Email: \_\_\_\_\_ (correspondence/game information)

Emergency Contact Details (please list at least one Emergency Contact)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_



**EAST ADELAIDE SCHOOL**  
*After School Sports*  
**EXPECTATIONS AND AGREEMENT FORM**  
**BASKETBALL TERM 4 2018 & Term 1 2019**

Players and parents / carers: please read and discuss this information and then sign below to show that you understand and agree to behave in ways that reflect our school's values.

**PLAYERS**

**Respect**

- I will respect all other players, in my own team and in opposing teams. I will follow officials' decisions and show appreciation for coaches and spectators.

**Responsibility**

- I will attend regular practice sessions and games and play to the best of my ability.

**Relationships**

- I will listen to instructions, follow game rules and co-operate with my team, coach and game officials.

**Resilience**

- I will demonstrate persistent and caring behaviour during practice sessions and games.

I understand and agree to these expectations and accept the consequences of not following this agreement.

Student's name: \_\_\_\_\_ Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/CAREGIVERS**

**Respect**

- I will encourage my child and all other students to show respect to team members, coaches and to support team decisions. I understand that I am a role model to my child and to other children as well.

**Responsibility**

- I will promote student participation in the game. I will have regular communication with the coach. I will support my child's coach at practices and games as often as I can.

**Relationships**

- I will applaud good performance and efforts from all individuals and teams.

**Resilience**

- I will encourage students to be 'good sports' and to promote all students' efforts.

I am aware that coaches use their professional judgement to determine the appropriate level of response and strategy to address any student's inappropriate behaviour.

**The consequences of inappropriate behaviour may include non-participation in training and/or in games.**

If the coach considers a student's behaviour is inappropriate, it will be recorded and discussed in conjunction with the After School Sports Coordinator and School Leadership to negotiate appropriate consequences.

I will support the coach if my child's behaviour at practice or at games does not meet EAS Expectations as set out in this agreement form.

- **I also agree that either a team or individual photo of my child may be included in the school newsletter and placed on the school website.** Yes / No (*please circle*)

Parent/Caregiver name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EAST ADELAIDE SCHOOL**  
*After School Sports*  
**PARENT/CAREGIVER VOLUNTEER FORM**

Name of Volunteer: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Room: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I can assist with East Adelaide After School Sport as follows (please indicate):

- Coach**     **Assistant coach**     **Team manager**     **Umpire/referee**     **Scorer**

***Additional information:***

***Your previous experience in coaching or sport, age preference, skill level preference etc.***

If you are volunteering to coach, please circle your preferred practice time:

**Monday / Tuesday / Wednesday / Thursday / Friday at 8- 8.30am    3.15-4.00pm**

Skills Sessions: **Saturday at 8:30am / 9:00am / 9:30am / 10:00am / 10:30am**

**Please tick the following statements:**

- I have already undertaken Volunteer Training at East Adelaide School or a Partnership School.
- I understand and agree that I am required to complete Volunteer Training at school, and cannot volunteer until this is completed.
- I understand that team structures and student allocation to teams is the role of the After Schools Sports Coordinator. This is conducted in collaboration with team coaches and teachers.
- I agree to have my contact details given to parents and students so they can contact me as required.
- I agree to have my contact details given to other East Adelaide coaches and State Sporting Association Administrators for the purpose of coordinating teams and games, trainings and sharing coaching resources.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EAST ADELAIDE SCHOOL**  
*After School Sports*  
**PAYMENT FORM**  
**BASKETBALL Term 4 2018 & Term 1 2019**

**Due Date: Friday 21<sup>st</sup> September**

Student Name: \_\_\_\_\_ Room: \_\_\_\_\_

**Registration fees are non-refundable**

- Basketball** **\$150.00**
  
- Basketball** (Year 7, Term 4 only) **\$75.00**

Please ensure all registration forms are submitted to the Cashier/Uniform Shop with payment. **Registration is incomplete if either payment or registration forms are missing.**

**OFFICE ONLY**

**METHOD OF PAYMENT (Please Tick)**

- QKR App** Receipt No: \_\_\_\_\_
- Cash** Amount enclosed: \$ \_\_\_\_\_
- Cheque**                       **Mastercard**                       **Visa**

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Credit Card Number

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Expiry Date

Name on Credit Card: \_\_\_\_\_ (please print)

Signature: Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_