

Student Athlete Registration Form 2013 - 14

My child will participate in the following BSB sports this school year. Please cross (☒) as required.

Season 1

<input type="checkbox"/> U19 Boys Volleyball	<input type="checkbox"/> U16 Boys Baseball	<input type="checkbox"/> U12 Boys Football	<input type="checkbox"/> U9 Boys Football
<input type="checkbox"/> U19 Girls Volleyball	<input type="checkbox"/> U14 Boys Football	<input type="checkbox"/> U12 Girls Football	<input type="checkbox"/> U9 Girls Football
<input type="checkbox"/> U19 Cross-Country	<input type="checkbox"/> U14 Girls Football	<input type="checkbox"/> U11 Boys Football	<input type="checkbox"/> U11/U9 Cross-Country
<input type="checkbox"/> Swim Team (try-outs)	<input type="checkbox"/> U14 Cross-Country	<input type="checkbox"/> U11 Girls Football	<input type="checkbox"/> U19 Rugby Boys & Girls
<input type="checkbox"/> U19/U14 Boys & Girls Table Tennis	<input type="checkbox"/> U14 Boys & Girls Badminton	<input type="checkbox"/> U11 Boys & Girls Table Tennis	

Season 2

<input type="checkbox"/> U19 Boys Basketball	<input type="checkbox"/> U14 Boys Volleyball	<input type="checkbox"/> U12 Boys Volleyball	<input type="checkbox"/> U11/10 Boys Handball
<input type="checkbox"/> U19 Girls Basketball	<input type="checkbox"/> U14 Girls Volleyball	<input type="checkbox"/> U12 Girls Volleyball	<input type="checkbox"/> U11/10 Girls Handball
<input type="checkbox"/> Swim Team (try-outs)	<input type="checkbox"/>	<input type="checkbox"/>	

Season 3

<input type="checkbox"/> U19 Boys Football	<input type="checkbox"/> U14 Boys Basketball	<input type="checkbox"/> U12 Boys Basketball	<input type="checkbox"/> U11 FOBISIA
<input type="checkbox"/> U19 Girls Football	<input type="checkbox"/> U14 Girls Basketball	<input type="checkbox"/> U12 Girls Basketball	<input type="checkbox"/> U10 FOBISIA
<input type="checkbox"/> Swim Team (try-outs)	<input type="checkbox"/> U19 Boys & Girls Badminton	<input type="checkbox"/> U11 Badminton	<input type="checkbox"/> U9 FOBISIA

Season 4

<input type="checkbox"/> U19 Athletics	<input type="checkbox"/> U15 Boys Rugby	<input type="checkbox"/> U14 Athletics	<input type="checkbox"/> U11 T-Ball Mixed
<input type="checkbox"/> U19 Pre-Season	<input type="checkbox"/> U13 Boys Rugby	<input type="checkbox"/> U12 Athletics	<input type="checkbox"/> U10 T-Ball Mixed
<input type="checkbox"/> Swim Team (try-outs)	<input type="checkbox"/> U11 Boys Rugby	<input type="checkbox"/>	

Student Name: <input type="text"/>	Class: <input type="text"/>
Date of Birth: <input type="text"/>	
Home Address: <input type="text"/>	Home Phone: <input type="text"/>
Student Email: <input type="text"/>	Student Mobile: <input type="text"/>
Parents Name: <input type="text"/>	
Parents Email: <input type="text"/>	Parents Mobile: <input type="text"/>

Medical Information Is the student

A. Allergic to medication? Yes / No

B. If yes, what kind?

C. Other allergies:

D. Currently or regularly taking medication?

E. Medical Insurance Provider

F. Policy Number

Parental / Guardian Permission

The above named student has my permission to participate in the BSB Sport program.

I declare that my child is physically fit and able to participate fully in the sport(s). In the event of an injury or accident involving my child I understand that I will be informed as soon as possible. If I cannot be contacted, I authorize the coach or other BSB representative to act on my behalf.

If understand that my child will punctually attend all scheduled practices, games and tournaments. If my child cannot attend I, or my child, is responsible to inform the coach before the absence.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____