

Student Registration Form		
PARENT NAME:		
EMAIL:	PHONE:	
ADDRESS:		
1ST CHILDS NAME:	DOB:	M / F
2ND CHILDS NAME:	DOB:	M / F
3RD CHILDS NAME:	DOB:	M / F
4th CHILDS NAME:	DOB:	M / F
CURRENT SCHOOL:		
SECONDARY CONTACT NAME:	PHONE:	
SECONDARY CONTACT RELATIONSHIP:		
MEDICAL HISTORY	YES/NO	TREATMENT
ALLERGIES		
ASTHMA		
DIABETES		
EPILESPY		
OTHER		

How did you hear about Genesis Sports and Aquatics?

Visual / Audio Image Release:

I, as parent/guardian of my child/ren, give permission to Genesis Christian College Ltd trading as Genesis Sports & Aquatics ("the Centre"), its employees and agents, to take and use visual/audio images of my child/ren. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. The Centre will not materially alter the original images.

I, and my child/ren, agree that the Centre owns the images and all rights related to them. The images may be used in any manner or media without notifying me or my child/ren, such as websites, publications, promotions, broadcasts, advertisements, posters and slide shows, as well as for non-club uses.

I, and my child/ren, waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I, and my child/ren, release the Centre and its employees and agents, including any firm authorised to publish and/or distribute a finished product containing the images from any claims, damages or liability

which I, or my child/ren, may ever have in connection with the taking of and/or use of the images or printed materials used with the images.

Permissions and Publications:

I, as parent/guardian of my child/ren, hereby acknowledge and give permission for the Centre to take, use and disclose any personal information that may be necessary to implement the rules, regulations and policies of the Centre. I agree to allow results, names and photos of my child/ren to be published in official programs, newsletter and websites for the promotion of the Centre or any other lawful purpose pertaining to the Centre.

Supervision:

As parent/guardian of my child/ren, I acknowledge that it is my responsibility as a parent or guardian to supervise my child/ren at all times whenever within the Centre. In the event I leave my child/ren on-site without appropriate supervision from a parent or guardian 16 years or older, I do so at my own risk. I am aware, due to the nature of sport and activity, that participants may be at risk of injury or harm. Any circumstance which may arise from the use of centre facilities or equipment without said direct supervision by a parent or guardian is not the fault of the Centre or its representatives.

Indemnity:

I, as parent/guardian of my child/ren, acknowledge and agree that the Centre, Genesis Christian College Ltd generally, and their employees and contractors will not be liable for any loss or damage to any persons or properties arising from any acts or omissions by the Centre or Genesis Christian College Ltd more generally, or their employees and contractors or any participant in the Centre arising under the law of contract, tort or otherwise, and indemnify the Centre and Genesis Christian College Ltd in relation to any such loss or damage except where caused by gross negligence of the Centre.

By signing this form, I give my consent to my child/ren participating in all the Centre's services under the guidance from the staff and instructors involved. To ensure the safety, wellbeing and successful conduct of all participants as a group, or individual in the above mentioned activities staff may seek to terminate or remove you from participation should inappropriate conduct occur. I also authorise the staff to obtain medical assistance if required and I agree to pay all medical expenses incurred. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises. Further, I acknowledge that every effort has been made to outline necessary information to Centre staff which might affect my ability to participate in any services offered.

Declaration:

I hereby declare that I agree to the above information, and that the information I have provided is an accurate record of me and my health.

Parent/Guardian Name:

Signature:

Date:
