

LES TWENTYMAN
FOUNDATION

REFERRAL FORM

PERSONAL INFORMATION

First Name :

Last Name :

Date Of Birth : Gender : Male Female Other

Address :

Mobile : Email :

Parent's Mobile : Nationality :

EMERGENCY CONTACT DETAILS

Contact Name : Home Number :

Relationship : Mobile Number :

MEDICAL/OTHER INFORMTAION

Doctor Name : Phone Number :

Medicare Number : Ambulance Number :

Healthcare /Pension Card : Yes No

Card Number : Expiry Date: :

Does participant have any illness, allergies, or concerns?

Does participant have any dietary requirements?

Any behavioral or other concerns?

Has the participant registered on Play HQ? : Yes No

Should your child be photographed, do you allow for the photo(s)to be published in the print media or web site for publicity purposes only? : Yes No

I consent for my child to be transported if needed by a LTF staff member(s) : Yes No

PLEASE NOTE THIS FORM IS TO BE COMPLETED AND EMAILED TO RYAN@LTFOUNDATION.AU



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I / we being the parent(s) / guardian(s) of the fore mentioned child(ren) consent to them attending 96ers Basketball Club activities run by the Les Twentyman Foundation (LTF). I / we also acknowledge that should my child misbehave that they may no longer be permitted to participate in future LTF activities. I / we authorize you in the event of injury or accident involving my child to obtain the necessary medical assistance from their Family Doctor or nearest public hospital as required. The Les Twentyman Foundation, their employee's, coach's, servants or agents shall not be liable for any injury, loss of income or damage suffered by any person participating in their program(s).
Authorisation: - I hereby agree to the terms and understand the conditions set out above:

Name: _____ **Signed**: _____ **Date** : _____

PLEASE NOTE THIS SECTION IS TO BE COMPLETED BY AN LTF STAFF MEMBER

LTF ADMINISTRATIVE USE ONLY

NAME OF ACTIVITY : 96ers Basketball Club

LTF STAFF MEMBER RESPONSIBLE :

BASKETBALL CLUB UNIFORM RECEIVED : ☐ Yes ☐ No **SINGLET #** : _____

CSNET CLIENT NUMBER :

PLAY HQ ACCOUNT : ☐ Yes ☐ No

BV INSURANCE FEE PAID? : ☐ Yes ☐ No **DATE PAID**: _____

LTF FEES PAID? : ☐ Yes ☐ No

COPIES PROVIDED OF:

MEDICARE CARD : ☐ Yes ☐ No

HEALTHCARE / PENSIONER CARD : ☐ Yes ☐ No