Pambula Surf Life Saving Club **Nippers Registration**



Name: Phone Number: Relationship to Child:	Parent/Carer:				SURF LIFE SA
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Parent Assistance:

The support of parents is essential to the success of every Nippers season. Children love to see their parents involved in the running of Nippers, and we have a lot of fun in the process. Please indicate if you are able to assist with any of the following areas. Please note that you will receive full guidance and training to perform any role.

Assistance with BBQ	Yes No
Age Assistant (Assists the Age Manager co-ordinate activities)	Yes □ No □
Age Manager (Responsible for managing an Age Group each week)	Yes □ No □
Beach activity setup and pack up	Yes □ No □
Administration	Yes □ No □
Water Safety (must have Bronze Medallion and be proficient for 2016-	Yes □ No □
17)	Parent/carer name
Enrol in Bronze Medallion Course (to act as Water Safety Personnel)	Yes □ No □ N/A □
	Parent/carer name

Photography Conse	nt:
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Occasionally photographs are taken of individua	l children or groups during Nippers for publicity use such as the Club
website, Facebook page and newspaper articles.	Please mark one of the following:

- ☐ Yes, I give permission
- □ Please ask whenever you intend to photograph my child
- ☐ No, never photograph my child

Medical Information:

All medical information about your child is held by the Age Manager only and is confidential.

1. Child's Name:			
Does your child have any allergies?	Yes □	No □	If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes □	No □	If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes □	No □	If yes, please complete Page 3 Section 3

2. Child's Name:			
Does your child have any allergies?	Yes □	No □	If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes □	No □	If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes □	No □	If yes, please complete Page 3 Section 3

3. Child's Name:			
Does your child have any allergies?	Yes □	No □	If yes, please complete Page 3 Section 1
Does your child have any medical conditions?	Yes □	No □	If yes, please complete Page 3 Section 2
Does your child have any injuries?	Yes □	No □	If yes, please complete Page 3 Section 3

- If you answered yes to any of the questions above please proceed to the next page
- If you answered **no to all** medical questions above, you only need to sign this form below.

Signed:	Print Name:	Date:

Child's Name:		
Section 1: Allergies		
	ings, drugs, latex, food (eg nuts, eggs, peanuts)	
•	ditional pages. For any additional allergies you	· •
of the 7 questions on a separate page	for each allergy and attach these additional page	ges.
1 What is your shild allorgis to?		
1. What is your child allergic to?3. Is this a severe allergy (anaphylaxis)	C/-	Yes No
Anaphylaxis is a severe, potentially life		Tes il No il
	ion Plan for Anaphylaxis or Allergic Reactions?	Yes □ No □
5. If yes, is this plan attached?	of Flat for Anaphylaxis of Amergic Reactions.	Yes D No D
•	ated ASCIA Action Plan it is important that a co	
the updated plan is provided to the N	•	
·	adrenaline autoinjector (ie EpiPen/Anapen)?	Yes □ No □
	adrenaline autoinjector, this will need to be pre	
at all times during Nippers.		
7. Please list any other medication pr	escribed for this allergy:	
Section 2: Medical Conditions other to		
For example asthma, severe asthma, o		
	ditional pages. For any additional medical cond	
answer each of the 6 questions on a se	eparate page for each medical condition and at	tach these additional pages.
1. What is the medical condition?		
2. Has a doctor diagnosed this condit	ion?	Yes □ No □
	d action plan from a doctor (eg asthma action	Yes No
plan)?		
4. If yes, is this plan attached?		Yes □ No □
5. Is your child taking prescribed med	lication for this condition?	Yes □ No □
6. If yes, what prescribed medication	?	
Section 3: Injuries		
	ditional pages. For any additional injuries your	
of the 2 questions on a separate page	for each injury and attach these additional pag	es.
1. What injury does your child have?		
2. Has a doctor given clearance for in	volvement in Ninners?	Yes □ No □
2. Has a doctor given clearance for in	voivement in hippers:	TC3 LI NO LI
Signed:	Print Name:	Date:

NOTE: ONLY COMPLETE BELOW IF YOU ANSWERED YES TO ANY QUESTIONS ON PREVIOUS PAGE