Birkebeiner Nordic Ski Club

**BIRKIE JUNIOR PROGRAM**

**Registration:**

My child would be best suited to the following group:

*(grade levels are a general guide only).*

□ Junior Joey (grade prep & above, new to xc skiing)

□ Joey Gliders (grades 3&4, with some ski experience)

□ Birkie Juniors (grades 5 to 8 above, experienced skier)

□ Birkie Racers (grades 9-10, high level of experience)

Please list your child’s skiing experience. How many days a season does your child usually ski? Downhill ski experience?........................................................................................................................................................

……………………………………………………………………………………………………………………………..

**CONFIDENTIAL MEDICAL REPORT**

All information is to be held in confidence and is intended to assist in case of medical emergency.

NAME .........................................................................................D.O.B..............................

POSTAL ADDRESS…………………………………………………………………………………

POST CODE………………. YEAR LEVEL…………….

Parent email ...............................................................................................

Parent After Hours .............................................. (Home)

Phone numbers ......................................... (Mobile)

 .............................................. (skier ph.no if applicable)

**MEDICAL INFORMATION**

Medicare Number .......................................... Family doctor……………………………………..

Ambulance No ......................................... Phone no………………………………………….

**INDICATE IF YOUR CHILD HAS A HISTORY OR, OR CURRENTLY EXPERIENCES**

Heart Problems Y/N Diabetes Y/N

Asthma Y/N Allergy to Penicillin Y/N

Other drugs? Y/N Foods allergies Y/N………………….

Fits of any type Y/N Anaphylaxis Y/N…………………

Migraine Y/N Blackouts Y/N

If you have asthma or anaphylaxis, or any other medical information that the coach needs to know about, then please submit more information as well as a management plan.

**CONSENT TO MEDICAL ATTENTION**

I authorise the person in charge of the camp and/or training activity to consent, where it is impracticable to communicate with me, for my son/daughter to receive medical treatment as may be deemed necessary.

**SIGNED**................................................................ **DATE**...........................

* Birkebeiner Nordic Ski Club recommends that all juniors register for free Snowracer Insurance, an initiative of Ski & Snowsport Australia. Visit: <https://www.snowracer.com.au/insurance/>

Please print out and fill in/scan and email to secretary@birkebeiner.org.au or hand copy in at the Clubhouse.