



MEDICAL INFORMATION

PLAYERS DETAILS

ALL INFORMATION CONTAINED ON THIS FORM IS STRICTLY CONFIDENTIAL

Players First Name : _____ **Surname:** _____

Address : _____ **Postcode:** _____

Telephone (Home) : _____ **Mobile:** _____ **Work:** _____

Date of Birth : _____

EMERGENCY CONTACTS

FIRST CALL

First Name : _____ **Surname:** _____

Address : _____ **Postcode:** _____

Telephone (Home) : _____ **Mobile:** _____ **Work:** _____

Relationship : _____

SECOND

First Name : _____ **Surname:** _____

Address : _____ **Postcode:** _____

Telephone (Home) : _____ **Mobile:** _____ **Work:** _____

Relationship : _____

MEDICAL DETAILS

Do you have any allergies? **YES / NO** (please circle)

If yes, please list: _____

Is the player subject to seizures, epilepsy, fainting, diabetes, asthma or any condition that may affect their safety during netball activities? **IF YOUR CHILD HAS AN ASTHMA ACTION PLAN PLEASE INCLUDE WITH THIS FORM**

Does the player administer / require medication during netball activities? **YES / NO** (please circle)

Please list any medications you require: _____



MEDICAL INFORMATION

Please list any current or recurring injuries:

Do you suffer from recurring pain in any joint when playing sport? **YES / NO** (please circle)
If yes please provide details:

Do you require specific taping / padding for a previous injury? **YES / NO** (please circle)
If yes please provide details:

WAIVER AND INDEMINITY

I am aware that playing netball, observing netball, learning to play netball and training to play netball and participating in any activity carried out by the Carine Netball Club Inc., are activities that inherently involve risk, and that in undertaking these activities my child does so at his or her own risk.

I am also aware that, as a condition of my child's admission to membership of the Carine Netball Club Inc., its office bearers, officials, coaches, managers, umpires, members and/or agents are absolved from all liability arising from injury or damage howsoever caused. That injury or damage may arise out of membership of the Carine Netball Club Inc., playing netball, observing netball, learning to play netball and training to play netball, or negligence of any nature whatsoever on the part of the Carine Netball Club, their representatives, office bearers, officials, coaches, managers, umpires, members, and/or agents.

I understand and agree that nothing in this agreement purports to exclude any liability that may be owed by the Carine Netball Club Inc. and their representatives pursuant to the provisions of any relevant Statutory Act/s covering these activities. To the extent that any part of this agreement may contravene any of the Statutory Act's I agree that part of the agreement may be severed and rendered void but the rest of the agreement will remain valid and continue to have effect.

I _____ of _____ do hereby acknowledge that of my own free will and desire, I have contracted with the Carine Netball Club Inc. for the instruction, training and playing of my child in netball and that I have read and understood the above waiver and have completed all information to the best of my knowledge.

Signature – Parent/Guardian: _____ **Date:** _____

Name: _____

PLAYERS 18 YEARS AND OVER CAN DELETE PARENT/GUARDIAN AND SIGN ON THEIR OWN BEHALF WITH THE UNDERSTANDING THAT THE WORDS "MY CHILD" ARE SUBSTITUTED WITH THE WORD "I", AND "HIS/HER" FOR "MY".