



Player Indemnity / Medical Form

Players Name Current team

Player Date of Birth: Coach.....

My daughter suffers from the following:

Existing illnesses, weakness or disability

.....

Allergies (drugs, food, etc)

.....

I list below any medications that my daughter will be carrying with her for any reason. (State what these will be used for):

.....

For possible consultation I advise that my daughter's

Medicare Number..... Ambulance subscription Yes / No Number.....

Private Medical Fund.....Number.....

Medical practitioner is

Address:Telephone:

I give permission for my daughter to participate in the training sessions and matches for Omega Netball Club, and agree that the code of conduct for players of the Victorian Netball Association shall apply at all times.

I give permission for the Coach to act on my behalf in the case of my daughter and in particular agree that they shall have the right in any emergency to seek medical or surgical or other treatment for my daughter and that I will be responsible for any expenses not covered by insurance in these circumstances.

I further understand and agree that, from time to time, the coach will delegate all or parts of their authority to others (i.e.; assistant coaches, volunteer helpers,) or in any emergency, and that no prior notice need to be given in relation to such matters.

I understand that training and matches are conducted in order to further the development and well being of those taking part and that although proper care is taken, that care is borne in mind in relation to the degree of control exercised. Accordingly I shall in no way hold the coach or members of Omega Netball Club or other persons in authority responsible for any difficulty that a prudent person could not have foreseen, and I release the Omega Netball Club from any claims I, or my daughter, might otherwise have for any accident or injury she may sustain at training sessions or matches, and indemnify the Omega Netball Club in respect of any such claim.

SIGNATURE OF PARENT/GUARDIANDate.....

Home Telephone No: Mobile Phone No:.....

IN CASE OF AN EMERGENCY CONTACT OTHER THAN STATED ABOVE:

Name..... Relationship to player.....Phone No:.....