

## INDEMNITY & CONSENT FORM

### Personal and Medical Information

I hereby consent to the provision of the following health information for PHANTOMS NETBALL CLUB records and to use in the event of injury, illness or emergency, if requested.

Phantoms Netball Club requires the information requested below for use in relation to competition. Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the following personnel: Secretary, Team Coach and Team Manager. You will be able to access your personal information through Phantoms Netball Club upon reasonable notice.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ VNA Membership No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

#### **If Applicable:**

Private Health Insurance Company: \_\_\_\_\_ No.: \_\_\_\_\_

Ambulance Member No.: \_\_\_\_\_

Existing Medical Conditions/Injuries/Allergies: \_\_\_\_\_  
\_\_\_\_\_

Next of Kin (1): \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

After hours Ph No.: \_\_\_\_\_

Next of Kin (2): \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

After hours Ph No.: \_\_\_\_\_

**CONSENT:** I understand that competitions will be played under the rules as set in accordance with Netball Victoria guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in playing netball. I authorise any official from Phantoms Netball Club in charge of the teams, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

**INDEMNITY:** Except where provided or required by law and such cannot be excluded, I agree that Phantoms Netball Club and all its respective officers, members are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the various Phantoms teams competitions.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed (player) \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understood and agree to the above terms and I personally consent to the application of my child. I warrant that all information provided is true and correct.

Signed (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_