



# Rivers Baptist Soccer Club Medical & Consent Form 2010

CONFIDENTIAL

Please assist us with providing the information so that we can carry out our responsibility of care for participants. Your co-operation is appreciated. One player per form.

Name : \_\_\_\_\_ M/F : \_\_\_\_\_

D.O.B. : \_\_\_\_\_ Phone No. : (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

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

Email : \_\_\_\_\_ (BEST METHOD TO GET CLUB INFO OUT)

School : \_\_\_\_\_ Grade : \_\_\_\_\_

## Medical Info

Medicare Number : \_\_\_\_\_

Private Health Insurance membership details? \_\_\_\_\_

Will your child need to take any medication during the season? \_\_\_\_\_ If yes, Please specify \_\_\_\_\_

Has your child been taken off medication recently? \_\_\_\_\_

Can your child be given paracetamol (Panadol) as a pain killer? \_\_\_\_\_

In what year was your child's last tetanus injection? \_\_\_\_\_

Has your child previously broken/fractured any bones? \_\_\_\_\_ If yes, Please specify \_\_\_\_\_

Could you please indicate if your child has any of the listed conditions, give details where necessary.

Asthma \_\_\_\_\_

Fits/Convulsions \_\_\_\_\_

Other Illness \_\_\_\_\_

Diabetes \_\_\_\_\_

Allergy - Food \_\_\_\_\_

Epilepsy \_\_\_\_\_

Allergy - Other \_\_\_\_\_

Details(severity, treatment, last injection) : \_\_\_\_\_

## Basic Care Details

In the event of an emergency, please list a phone number where you and a friend or relative may be contacted during the course of the season.

| Name  | Relationship to Player | Number |
|-------|------------------------|--------|
| _____ | _____                  | _____  |
| _____ | _____                  | _____  |

Are there any conditions which require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, formal counselling situations, or any other? Please list below.

### Parent/Guardian/Player Agreement - 2010 Rivers Baptist Church Soccer Club

In allowing your child to play at Rivers Baptist Church Soccer Club, you consent to their participation in a range of sporting and recreational activities. Are there any activities that you do not wish your child to participate in?

Yes / No If yes please specify : - \_\_\_\_\_

**PHOTOS/VIDEOS** - Do you consent for photos or videos to be taken of you, your son/daughter to be used for internal club purposes? YES / NO \*\*\*\*

**IN CONSIDERATION** of the Rivers Baptist CSC facilities provided by you for our child, we hereby absolutely release Rivers Baptist CSC, the QCSA, QBSA and its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss of or damage to personal property that we or the child may suffer or sustain in the course of the season provided and we hereby indemnify and agree to keep indemnified you, Rivers Baptist CSC, QCSA, QBSA and your employees, agents and voluntary helpers against all claims whatsoever by us or the child or by any person claiming through us or through the child or on behalf of the child in any way arising, and discharge may be pleased in bar to any such claim.

**PROVIDED** that the above does not apply to any claim or any claim to the extent Rivers Baptist CSC is indemnified by a policy of insurance issued by a solvent insurer and,

**WE FURTHER AGREE** that in the event of injury to or child, you are authorised by us to obtain at our expense any medical, ambulance or like services, which you in your absolute discretion think necessary or desirable.

Signature of Parents or Guardians unless Player is over 18. If over 18 Please sign below in section 1.

|   |                                       |               |
|---|---------------------------------------|---------------|
| 1. _____<br>Print Name of Father/Guardian | _____<br>Signature of Father/Guardian | _____<br>Date |
|---|---------------------------------------|---------------|

|   |                                       |               |
|---|---------------------------------------|---------------|
| 2. _____<br>Print Name of Mother/Guardian | _____<br>Signature of Mother/Guardian | _____<br>Date |
|---|---------------------------------------|---------------|