



Stadium

244 - 270 East Parkway
Lightsview SA 5085

Office

PO Box 204
Greenacres SA 5086

Contact

admin@nabc-rockets.club
secretary@nabc-rockets.club

Players consent form

Player's surname: Given names:.....

Parent's/Guardians names: Phone #:

..... Phone #:

Home address:

.....

Date of birth/...../..... Email address:

MEDICAL INFORMATION

- 1. Private Hospital Fund Yes/No
- 2. Ambulance Cover Yes/No
- 3. Does the player receive any regular prescribed medication? Yes/No

Details:

.....
.....
.....

- 5. Does the registered player suffer from asthma? Yes/No

Details:

.....

- 6. Does the registered player suffer from any allergies, including food allergies? Yes/No

Details:.....

.....

FOR EMERGENCY USE ONLY

Medicare Number:

Name and contact of Family Doctor or clinic:

.....
.....

Name and contact of any Medical Specialist currently treating the player:

.....

As parent/guardian of

I/We,give my consent for the following below:

- a) I agree to delegate my authority to the coach and team managers involved. Such coaches and managers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the registered players as a group, or individually.
- b) I also authorise the coach and the team manager to obtain medical assistance which they deem necessary should an incident occur and agree to pay all medical and dental expenses incurred on behalf of the above registered player.
- c) I further authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises.
- d) I give my consent for the above registered player's local doctor or medical specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

Signed:

Date:/...../.....

NOTE: The information requested on the registered player health information sheet will be Considered CONFIDENTIAL by the club and will be treated accordingly.

I/We give my consent for our player to participate in District Basketball and related competitions for the North Adelaide Basketball Club Inc.

- Are there any court orders in place in relation to player listed on this form that we need to know about? If yes, please provide any necessary information to David Durant to discuss.

Yes/No

- Permission to be photographed or filmed: I understand that photos and videos may be taken of me or my child. I give permission for these to be used in by NABC and the coaching staff, I understand that as a safety precaution, your family name will not be published on the Internet and there will be no linkage of names with photographs.

Yes/No

Signed:

Date:/...../.....