



Application for Registration & Membership, Medical & Media Consent

PLAYER INFORMATION

Player FULL Name: _____ DOB ____/____/____ GENDER Male / Female
Residential Address: _____
Postal Address: _____
Telephone: (Home) _____ (Mobile) _____
Email: _____

EMERGENCY CONTACT

PARENT/GUARDIAN/EMERGENCY CONTACT DETAILS: If a player is under the age of 18 & a participant in the junior section of the club, the following details MUST BE PROVIDED. All players, both JUNIOR and SENIOR must provide at least one emergency contact

Emergency Contact 1: Name: _____
Relationship: _____
Residential Address: _____
Postal Address: _____
Telephone: (Home) _____ (Mobile) _____ (Fax) _____
Email: _____

Emergency Contact 2: Name: _____
Relationship: _____
Residential Address: _____
Postal Address: _____
Telephone: (Home) _____ (Mobile) _____ (Fax) _____
Email: _____

MEDICAL/ MEDICATION (Type, Dosage, Other Details):

Allergies/Health problems

Asthma, Anaphylaxis, Migraine, Epilepsy or other Fits of any type, Dizziness, Blackouts, Eyesight, Travel Sickness, Heart Condition, Diabetes, Allergies to Dettol, Savlon, Penicillin, other antiseptics, Band-aides, Latex, Any Other Allergies – foods etc

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Does medication need to be held by Coach/Team Manager in case needed for each game? YES NO

It is the players/parents/guardians responsibility to ensure that this is provided each game day prior to match commencement. It is not the responsibility of the club or its representatives or volunteers to chase this up each week on your behalf.

In the case of Asthma, Epilepsy, Anaphylaxis a SIGNED MANAGEMENT PLAN FROM YOUR DOCTOR MUST BE PROVIDED. Players will NOT be able to participate in games or training until this has been provide

Doctor Name/Clinic/Phone:

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Are there any other relevant or previous injuries or conditions that may affect PLAYERS participation?

Does PLAYER wear glasses/contact lenses? YES NO

Are they required when participating in training or game play? YES NO

Does PLAYER have/wear braces, dental plate, other dental requirement? YES NO Description.....
Are they required when participating in training or game play? YES NO

DOES THE PLAYER HAVE?

Please circle a response to all statements, and provide full details where necessary.

Emergency ambulance cover? YES NO
Do you consent for an ambulance to be called if deemed necessary? YES NO
Private Health Cover? YES NO
Do you consent to your child/yourself receiving emergency medical or hospital treatment? YES NO

PLEASE NOTE: Whilst not compulsory, it is highly encouraged and recommended by the Gordon Football Netball Club that all players wear a mouth guard for training and games.

IMPORTANT

1. It is important that you inform your Coach/Team Manager of any changes to your medical condition during the season.
2. The Gordon Football Netball Club reserves the right to request a Doctors medical certificate if a player has been seriously ill or injured before he/she may resume training/playing
3. Medications, Eyewear, dental fixtures etc are the responsibility of the player. No responsibility will be taken by the club for any damage or loss of such items. It is recommended that such items be cleared named for identification purposes.
4. When completing emergency details, please provide the best possible alternative contact. The Gordon Football Netball Club will always contact the parents/guardians in the first instance.
5. All details must be completed. Insufficient information or failure to complete all sections will result in a player not being able to participate until all information has been provided.

DECLARATION

I/we acknowledge that injuries may occur during sport and accept that risk. I authorize the club officials & representatives to seek professional medical assistance, administer such first aid as judged to be reasonably necessary, and arrange transportation on my behalf, where I cannot be contacted to do so. I hereby give permission for the named player to train for and play football/netball for the Gordon Football Netball Club in the Central Highlands Football League. I also agree to abide by the rules, regulations, policies and terms of the Club and League. I acknowledge that I have read and agree with the conditions of registration as set out by the Club and League. In the event of my/our admission as a member, I/we agree to support the Code of Conduct and to be bound by the rules of the Gordon Football Netball Club.

Signature: Parent/Guardian/Applicant _____ Date _____
Print Name: _____

MEDIA CONSENT

The Gordon Football and Netball Club use photographs and digital images to:
Record player participation, celebrates player’s efforts and achievements, and promotes the club and events held.

I/We: DO / DO NOT consent to my child’s/my photograph or digital image being used in the media, on the internet & websites, or other social media
I/We: DO / DO NOT consent to my child’s/my name (first and last) to be published in the media, on the internet & websites, or other social media

Signature: Parent/Guardian/Applicant _____ Date: _____
Print Name: _____

ALL SECTIONS OF THE FORM MUST BE SIGNED BY LEGAL PARENT/GUARDIAN AS CONSENT FOR APPLICANTS PLAYING FOOTBALL OR NETBALL UNDER THE AGE OF 18.

All information contained on this form is for the purpose and function of the Gordon Football and Netball Club and is deemed necessary for the safety of each of our players. We understand that much of this is considered private and confidential and assure you that all information contained will be treated with the utmost privacy.