

# CITIES HOCKEY CLUB INC.

## PLAYER MEDICAL RECORD AND AUTHORISATION

IN THE EVENT THAT THE PLAYER IS UNDER 18, THIS FORM IS TO BE COMPLETED BY THE PARENT/GUARDIAN

### PLAYER DETAILS:

NAME:	
DATE OF BIRTH:	
ADDRESS:	
EMAIL:	
PHONE AND/OR MOBILE:	

### EMERGENCY CONTACT DETAILS:

The personal details requested are to enable contact to be made with a player's spouse/parent/s in the event of an emergency and are strictly confidential.

EMERGENCY CONTACT NAME:	
RELATIONSHIP:	
PHONE AND/OR MOBILE:	

### MEDICAL CONDITIONS:

Please indicate below any known medical conditions which could be aggravated or have any effect, by the above named player's involvement in hockey. Wherever the response below is "YES", please describe the nature of the problem or provide a letter from your doctor.

ALLERGIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
BLOOD PRESSURE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
HEART PROBLEMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
RESPIRATORY PROBLEMS (OTHER THAN ASTHMA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
ASTHMA (IF YES, NAME OF MEDICATION)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
EPILEPSY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
ANY OTHER CONDITION	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADDITIONAL COMMENTS:	
DATE OF LAST TETANUS INJECTION				

### MEDICAL PRACTITIONER:

NAME OF FAMILY DOCTOR:	
ADDRESS:	
PHONE NUMBER:	

### INSURANCE:

HEALTH INSURANCE FUND & MEMBERSHIP NUMBER:	
IF NECESSARY, WOULD YOU PREFER PRIVATE OR PUBLIC MEDICAL/HOSPITAL?	
MEDICARE NUMBER:	

### IF PLAYER IS UNDER 18, PARENT/GUARDIAN IS TO SIGN BELOW:

MEDIA RELEASE AUTHORISATION (see handbook) (INCLUDING NEWSPAPER & INTERNET):	
I AGREE TO ABIDE BY THE GUIDELINES FOR SELECTION OF TEAMS & PROTOCOLS AS SET OUT IN THE PLAYER/PARENT HANDBOOK:	

### VOLUNTEER CONTRIBUTION

I AM ABLE TO HELP OUT AND WILL ADD MY NAME TO THE WORKING COMMITTEE LISTS (available at sign on)	<input type="checkbox"/>
I HAVE PAID THE ADDITIONAL \$75.00 CONTRIBUTION TO ASSIST THE CLUB INSTEAD OF NOMINATING AS A VOLUNTEER	<input type="checkbox"/>