



ABN: 54 960 915 353

# Cheltenham Panthers Netball Club

Pride, Passion & Persistence



## INDEMNITY & CONSENT FORM

### Personal and Medical Information

I hereby consent to the provision of the following health information for Cheltenham Panthers Netball Club records and to use in the event of injury, illness or emergency, if required.

Cheltenham Panthers 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: Executive Committee, Team Coach and Team Manager. You will be able to access your personal information through Phantoms Netball Club upon reasonable notice.

PLEASE NOTE: PLAYERS NAME, ADDRESS, PHONE NO & NEXT OF KIN (1) NAME & PHONE NO. WILL BE INCLUDED ON A TEAM LIST FOR DISTRIBUTION WITHIN THE PLAYERS TEAM. PLEASE ADVISE US IF YOU DO NOT WANT YOUR DETAILS TO BE INCLUDED ON THIS LIST.

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

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

City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### If applicable:

Medicare No: \_\_\_\_\_ Ambulance Member No: \_\_\_\_\_

Private Health Insurance Co: \_\_\_\_\_ No: \_\_\_\_\_

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

Regular Medication: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Next Of Kin (1): \_\_\_\_\_ Contact No: \_\_\_\_\_

Next Of Kin (2): \_\_\_\_\_ Contact No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**CONSENT:** I understand that competitions will be played under the rules as set by KDNA 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 Cheltenham Panthers Netball Club in charge of the teams, and KDNA in charge of the netball competition, 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 Cheltenham Panthers Netball Club and KDNA and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the Cheltenham Panthers Netball Club various training sessions and KDNA 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/legal guardian): \_\_\_\_\_ Date: \_\_\_\_\_