



Player Information Form

Confidential



Player details

| | | | |
|---------------|--|-------------|--|
| First name | | Surname | |
| Date of birth | | Age group | |
| Mobile phone | | Other phone | |
| Email | | | |

Parent/guardian/carer details

| | | | |
|--------------------|--|--------------|--|
| Name | | Relationship | |
| Mobile phone | | Other phone | |
| Other contact name | | Relationship | |
| Mobile phone | | Other phone | |

Medical details

| | | | |
|--|--|--------------|--|
| Medicare no | | | |
| Doctor name | | Doctor phone | |
| Known medical conditions/allergies <i>Eg Nuts, bees, grass</i> | | | |
| Description of symptoms & action to take | | | |
| Self-managing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I understand that club personnel are not authorised to administer a minor's medication. I give permission for a club representative to call an ambulance if required. | | | |
| Signed | | Date | |

Authority to publish

| | | | |
|---|--|------|--|
| I give permission for photographs of my child to be taken by a club representative and used on the club website, social media sites and for the end of season presentation. Only the first name and surname initial will be published, unless otherwise approved by me. | | | |
| Signed | | Date | |