|  |  |  |
| --- | --- | --- |
| Player Details | | |
| Full Name: | | |
| Address: | | |
| Date of Birth: | | |
| Sex: (Please Circle) M F |  |  |
| Emergency contact | | |
| Full Name: | | |
| Home Number: | | |
| Mobile Number: | | |
| Relationship to above: | | |
| Health Care Details | | |
| Medicare Number: Ref: Expiry: | | |
| Private Health Fund: Membership No: | | |
| Ambulance Cover: | | |
| Doctor’s Name | | |
| Address: | | |
| Phone Number: | | |
| current medical conditions/treatment in case of emergency | | |
| Asthma: | | |
| Allergies: | | |
| Epilepsy: | | |
| Previous Fractures: | | |
| Diabetes: | | |
| Other: | | |
| If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport.  We would also encourage you to bring any necessary medication to training games: eg Insulin, Inhaler etc. | | |
| If i/we or the nominated emergency contact cannot be contacted in the event of an emergency, I/we give consent to my/our child being cared for by a medical practitioner and hospital staff nominated by the club. to the best of my knowledge, all information contained on this sheet is correct.(If under 18 please have parent or legal guardian sign) | | |
| Signature: | | |
| Date: | | |
| Privacy statement Adelaide Victory Football Club abides by the relevant National Privacy Principles of the Privacy Act 1988. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, directors and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams.  **Disclaimer**  “The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular manner. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No responsibility or liability whatsoever can be accepted by Sports Medicine Australia (SA Branch), the Government of South Australia or the authors for any loss, damage or injury that may arise from any person acting on any statement or information contained in this resource and all such liabilities are expressly disclaimed.” | | |