Player’s Full Name:

Player’s Home Address:

Postcode:

Date of Birth:

Parent / Guardian Full Name/s:

Name of Person to Contact in case of an Emergency:

Emergency Contact Numbers

After Hours: Business Hours:

Name of Player’s/Family Doctor:

Contact Number:

Medicare Number:

Does your family have private health insurance? Yes / No

Are you an ambulance subscriber or Health Care Card Holder? Yes\* / No

\*If yes, what is your ambulance member number:

**Please complete the table for if you suffer from any of the following conditions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | Please Tick | List any Relevant Information | Action Plan in Place? |
| Asthma |  |  |  |
| Diabetes |  |  |  |
| Dizzy Spells, Migraine, Blackouts |  |  |  |
| Fits of any type |  |  |  |
| Heart Conditions |  |  |  |
| Other – *Please Specify* |  |  |  |

**Allergies**

|  |  |  |  |
| --- | --- | --- | --- |
| Allergy | Please Tick | List any Relevant Information | Action Plan in Place? |
| Penicillin |  |  |  |
| Other Drugs |  |  |  |
| Other allergies |  |  |  |

Year of last Tetanus injection:

**Medical Consent**

In the event of illness, accident or any other unforeseen emergency whilst the Player is under supervision, I hereby authorise the Person-in-Charge to consent, where it is impractical to communicate with me or the Emergency contact on this form, myself / or my child receiving such medical or surgical treatment as may be deemed necessary.

*These medical forms can be located in the relevant team folder (Burras, Roos, Kangaroos, Kookaburras) and will be carried by the Coach/es or Team Manager/s to every game and training session where practical.*

**Hockey Victoria Registration**

As a Player or a Parent / Guardian of a Player you are reminded that to be covered by player insurance you need to register online using the following link:

<https://www.revolutionise.com.au/dimboolahc/registration/>

By TAKING THE FIELD you hereby acknowledge your obligations of the above terms and if you were to take part in a game of hockey without completing the above registration process the Wimmera Hockey Association or the Dimboola Hockey Club will not take any responsibility for any injury incurred whilst representing our club or association. You are taking the field under your own undertaking and risk.

Parents are reminded of the advisability of *Player’s* wearing a mouthguard and shin guards where they will participate in contact sports and of the suitability of ensuring that *Players* are covered by ambulance insurance.

**Signature of Player or**

**Parent / Guardian if player is under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**