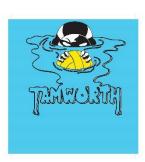
TAMWORTH & DISTRICT WATER POLO INCORPORATED (T&DWPI) CONSENT TO CODE OF CONDUCT FOR PLAYERS AND INDEMNITY



PLAYER INFORMA	TION									
Name								Date of Birth:		
Medicare Number				Exp	oiry:			Position:		
Home Phone					Players Mobile					
Health Fund				Member Number						
Ambulance Cover	YES NO Transfusion			Allowed		YES	S NO	Known Allergies		
Blood Group				Prescribed Meds						
MEDICAL CONDITION				FURTHER INFORMATION						
Epilepsy			YES	NC)					
Fainting/dizzy spells	ells		YES	NC)					
Heart condition	t condition		YES	NC)					
Ear Disorder (drainage/deafness			YES	NC)					
Allergies (bee stings, peanuts, etc)			YES	NC)					
Respiratory Disorder (asthma)			YES	NC)					
Sports Injuries			YES NO)					
Does your child require an inhaler:			YES NO)	Colour:			Brand:	
Mouthguard			YES NO)					
Contact Lenses			YES NO)					
Other Medical Information			YES	NC)		Please list:			
FAMILY DOCTOR									'	
Name						Te	elephone			
PARENTS INFORM	IATION									
Mums Name					Mobile					
Dads Name					Mobile					
EMERGENCY CONT	TACT									
Full Name						R	elationship			
Home Phone						M	obile			

TAMWORTH & DISTRICT WATER POLO INCORPORATED (T&DWPI) CONSENT TO CODE OF CONDUCT FOR PLAYERS AND INDEMNITY



INDEMNITY AGREEMENT						
In consideration of the Tamworth & District Water Polo Inc (herein after called "the Club") selecting						
(name) of Under Girls / Boys (herein after called "the player") as a member of the club's contingent to participate in matches, training sessions or representative trips.						
o Iof						
hereby undertake to indemnify the Club, its officers, coaches, managers or anyone of them against all damages, claims or demands which may be made against them or any one of them in respect of or arising out of the participation of the player for the Club whether such claim be made by on or on behalf of the player or any other person.						
 I also agree that the Club, its officers, servants and agents shall be free and clear of all responsibility to me or any other person whatsoever for any accident or illness of the player during his/her participation for the Club. 						
 In addition I also authorise any Officer, servant or agent of the club to obtain any medical/hospitalisation treatment deemed necessary, which will be at my expense provided I have been notified as soon as practicable thereafter. 						
I hereby give my consent to the player participating in matches, training sessions and representative trips.						
 No Liability or responsibility is accepted for errors or omissions or for loss or damage suffered as a result of a person or club acting on this indemnity. 						
 I hereby give my consent for(players name) to travel by car/mini bus (please circle) driven by is a P-plate driver. 						
DISCLAIMER AND SIGNATURE						
o I certify that my answers are tue and complete to the best of my knowledge.						
o I acknowledge that I have received a copy of the Tamworth & District Water Polo Inc. Code of Conduct for players and that we, both player and parents, have read these rules and that we will be bound by these rules.						
o I agree to meet the expense of being returned home prior to the completion of the event if, in the absolute discretion of the Team Manager and Coach, it is appropriate for any reason for that to occur.						
Signature:						
Date (Parent to sign if athlete is under 18 years of age)						

The above information is confidential and will only be used by Tamworth & District Water Polo Inc. the administration and subsequent operations of the Club. If the information changes, we request you advise the Coach and Team Manager.