

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



PLAYER INFORMATION									
Name						Date of Birth:			
Medicare Number				Expiry:			Position:		
Home Phone					Players Mobile				
Health Fund				Member Number					
Ambulance Cover	YES	NO	Transfusion Allowed		YES	NO	Known Allergies		
Blood Group				Prescribed Meds					
MEDICAL CONDITION									
Epilepsy			YES	NO					
Fainting/dizzy spells			YES	NO					
Heart condition			YES	NO					
Ear Disorder (drainage/deafness)			YES	NO					
Allergies (bee stings, peanuts, etc)			YES	NO					
Respiratory Disorder (asthma)			YES	NO					
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	NO	Please list:				
FAMILY DOCTOR									
Name					Telephone				
PARENTS INFORMATION									
Mums Name				Mobile					
Dads Name				Mobile					
EMERGENCY CONTACT									
Full Name					Relationship				
Home Phone					Mobile				

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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.

- I _____ of _____ 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 _____. I acknowledge that _____ is a P-plate driver.

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge.
- 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.
- 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.