
Lorne Football & Netball Club REGISTRATION & MEDICAL INDEMNITY

Lorne Football & Netball Club (LFNC) requires the information requested below for use in relation to the Colac & District Football Netball League competition. Your details will be disclosed to the following Club personnel: Club President, Club Secretary, Team Coach and Team Manager. You will be able to access your personal information through the LFNC upon reasonable notice.

LFNC strongly recommends that all players have their own private health insurance, ambulance membership, loss of income insurance and life insurance.

Player Details:

Name: _____

Address: _____

_____ Postcode _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Date Of Birth: _____ Age: _____

Medical Information:

I hereby consent to the provision of the following health information for LFNC records and to use in the event of injury, illness or emergency, if required.

Medicare Number: _____

Private Health Insurance (recommended) _____ No: _____

Ambulance Member No. (recommended) _____

Existing medical conditions/injuries/allergies: _____

Regular medication: _____

Emergency Contact Persons: (Parent/Guardian if under 18)

Name: _____

Relationship: _____

Address: _____ Postcode _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-mail: _____

Next of kin (1): _____ Home phone no.: _____

Mobile phone no.: _____

Next of kin (2): _____ Home phone no.: _____

Mobile phone no.: _____

Declaration:

- I understand that the personal and medical information provided on this form will be used for Registration, Insurance and Participant/Club/Team Management purposes and in the event of injury/illness.
- I understand that if I do not provide the information requested on this form, the Club might not be able to process my registration and I will not be eligible to become a member or compete in Club competitions.

Consent:

I understand that at Football & Netball will be played under the rules as set by the Colac & District Football Netball League By-Laws. I authorise any official from Lorne Football & Netball Club, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

Indemnity:

Except where provided or required by law and such cannot be excluded, I agree that the Lorne Football & Netball Club and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the Colac & District Football Netball League competition and training.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed:

Date:

Parent/Guardian: (if under 18 yrs of age)

Date:
