



**WESTERN DISTRICT JUNIOR RUGBY LEAGUE FOOTBALL CLUB
PLAYER MEDICAL & AUTHORISATION FORM
2024 SEASON**

PLAYER INFORMATION

Name: _____

Date of Birth: _____	Contact Phone: _____
Home Address: _____	
Contact Email: _____	

EMERGENCY CONTACT

Name: _____

Relationship: _____	Contact Phone: _____
Contact Email: _____	

MEDICAL COVERAGE & INSURANCES

I GIVE PERMISSION TO CALL AN AMBULANCE IN AN EMERGENCY: YES / NO

Medicare Number: _____	Exp: _____	Position on Card: _____
PRIVATE HEALTH	YES / NO	Provider: _____
Private Health Membership Number: _____		

MEDICAL HISTORY

ALLERGIES	YES / NO	Details: _____
Medication and Management*: _____		
ASTHMA	YES / NO	Details: _____
Medication and Management*: _____		
<i>*Players with asthma, or severe allergies are required to provide details of their management plans to their team manager and attach to this form. Medication that must be carried on-person (eg. autoinjectors, asthma puffers/inhalers etc) are to be handed to the Team First Responder (or team League First Aid) prior to and collected after each match/training session. All medications must be clearly and correctly labelled with the player's name affixed to the medication.</i>		

Are you suffering from an injury or condition (including muscular/joint problems) that could potentially be aggravated/worsened by participating in physical activity? YES / NO

Details: _____

Do you experience any of the following signs and symptoms during physical activity?

Shortness of Breath	YES / NO	Details: _____
Chest Pain	YES / NO	Details: _____
Light headedness, Dizziness, Episodes of Fainting	YES / NO	Details: _____
Fatigue	YES / NO	Details: _____



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MEDICAL HISTORY (CONT.)

Have you been recently diagnosed with any of the following medical conditions? Please include any other relevant medical history:

Diabetes	YES / NO	Details:
Bronchitis	YES / NO	Details:
Epilepsy	YES / NO	Details:

Other:

Have you been diagnosed with **CONCUSSION**, or have had a **HIA** in the last three years? YES / NO

Details:

PERMISSIONS & RELEASES

1. INDEMNITY AND RELEASE

I give permission to my child applying to and being allowed to participate in football matches, training and associated events ("activities") organised and/or supervised by Western District Junior League Football Club. In consideration of Western District Junior League Football Club, I acknowledge, agree and confirm the following statements:

- (a) That there are inherent risks associated with the activities which may result in my child being injured in a serious manner. I fully accept and agree to bear those risks in my own right and on behalf of my child.
- (b) To the full extent permitted by law, I agree both on behalf of my child and in my own respective rights to absolve, indemnify, release and discharge the Club, its officers, employees, representatives, volunteers and agents ("indemnities") from any and all liability for any injury, loss, cost, charge, expense or damage suffered by me or my child however caused, arising from, or incurred indirectly as a result of my or my child's participation in the activities, including, but not with limitation to, the result of any act, default, omission or negligence of the indemnities affiliated with Western Districts Junior Rugby League Football Club.

2. CONSENT TO MEDIA RELEASE

I give permission for the Western District Junior Rugby League Football Club to use photos/images that depict my child, be it individual, group, or action/on field photos, or any other images, at its discretion for promotional use, either on the Club's website, Facebook site, and/or other promotional material.

Individual Photos	Y / N	Team/Group Photos	Y / N	Action/In-play Photos	Y / N
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3. CONSENT TO DISCLOSURE PRIVACY ACT

I, as the parent/legal guardian of the forementioned child, hereby agree and consent to the provision of the personal information regarding my child as provided in this form to Western District Junior Rugby League Football Club for use and distribution by it as it sees fit in the course of its administration of the sport of rugby league.

DECLARATION

I declare this document to be a true statement of my child's health status and personal details as at the date below, applicable but not limited to, training sessions, games, carnivals and other events affiliated with Western District Junior Rugby League Football Club for the duration of the 2024 season. I will ensure that any changes or updates made during this period will be submitted in writing immediately to Western District Junior Rugby League Football Club.

I have read, understood, acknowledge and agree to all statements and matters referred to throughout this document, including the permission and release section, warnings, indemnity and release, and media release.

Parent/Guardian Signature: _____

Parent/Guardian Full Name: _____

Date: _____