



MT BARKER LUTHERAN NETBALL CLUB

Personal & Medical Information - Winter Season 2024

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Protecting Your Privacy

Complete form in **BLOCK LETTERS**

Protecting your privacy is important to us. The information Mt Barker Lutheran Netball Club seeks allows us to manage risk, provide reasonable care and administer your involvement in our Netball Season. We are careful to keep your information confidential, and provide it only to those Members acting on behalf of the Club who need it to enable them to perform their agreed activities [e.g. the Coach, Team Manager, First Aider and/or Carer]. You are welcome to contact the Committee in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purpose outlined in this statement. In some circumstances, if you do not provide us with all requested information, you could miss the opportunity to be involved in our Netball Season.

Participant Details

Given Name: _____ Surname: _____
Preferred Name: _____ Male Female Date of Birth: _____ / _____ / _____
Address: _____
Suburb: _____ Postcode: _____ Phone: _____
Email: _____

Media Release

Do you consent to appropriate use by Mt Barker Lutheran Netball Club of photographs taken on the program that includes the participant as stated above? [For example, inclusion in Facebook, our newspaper, placement on our web page or in a brochure]. Yes No

Emergency Contact

In case of an emergency, please list below in order of preference.

Full Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transport Arrangements - Applicable for Net Set Go, U9's, U11's & U13's

Who will be collecting your child from the courts after netball training?

Additional Information

Are there any conditions which require special attention that the Club should know about, e.g., Hearing or sight impairment, mental health issues, formal counselling situation, custody arrangements, or any other? Please list below:



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Medicare & Insurances - Please provide details where applicable

Insurance Provider: _____ Member Number: _____
 Medicare Number: _____ No. of Person on Card: ___ Expiry Date: ___/___
 Ambulance Cover: Yes No Health Care Card Number: _____

Medication

Will there be any medication taken during the Netball Season? Yes No

If yes, please give details:

NB: Please note that regarding non-prescription medications such as paracetamol [e.g., Panadol] it is our policy that all team members do not provide this medication.

Medical History

Please indicate if any conditions listed below are relevant to the named participant, please provide additional details if necessary [severity, ongoing, cleared etc]. Health Plans for example Asthma or EpiPen please attach separate sheet.

Condition	Yes	No	Details	Condition	Yes	No	Details
Allergy – Food				Epilepsy			
Allergy - Animal				Fits/Convulsion			
Allergy - Other				Faint/Dizziness			
Asthma				Glandular Fever			
Appendicitis				Hyperactivity			
Bone Fractures				Hypoactivity			
Bronchitis				Heart Problems			
Blood Disorder				Measles			
Cancer				Mumps			
Covid-19				Pneumonia			
Chicken Pox				Tonsillitis			
Diabetes				Tetanus			Year of last Tetanus Injection:
Ear Infections				Other			

Additional Note:

Are you supplying a Health Care Plan with your Personal & Medical Information Form? Yes No If yes, Copy Attached

NB. If you have a pre-existing injury, make sure that all precautionary methods including tape/straps have been completed prior to arrival at the netball courts.



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Activity Exclusion

In attending the netball season, you [the participant] consent to participation in a range of general sporting and recreational activities. If potentially risky activities of a specific nature are included, the Coach/Team Manager will inform you of these.

Are there any specific activities that you [the participant] do not wish to participate in? Yes No

If yes, please specify:

.....
.....

Participant's Agreement with Mt Barker Lutheran Netball Club Inc

I am aware, in signing this document regarding my [the Participant] participation in this Netball Season, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. I acknowledge that while Mt Barker Lutheran Netball Club and its Members will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or beyond the control of Mt Barker Lutheran Netball Club and its Members.

In the event of any emergency where my nominated contact people are unavailable:

1. I authorise Mt Barker Lutheran Netball Club Members to obtain medical advice and/or assistance which they deem necessary.
2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
5. I confirm that the information contained in this application is true and correct.
6. I agree to inform Mt Barker Netball Club of any change to these details.

Name of Participant/Caregiver

Signature of Participant/Caregiver

Date

NB: Under 18 - Caregiver must sign

If the Caregiver is neither Parent or Guardian please indicate relationship to minor:



Mt Barker Lutheran Netball Club

