

D E D I C A T I O N - D E T E R M I N A T I O N - D I S C I P L I N E

MAVERICKS

B A S K E T B A L L

JUNIOR PLAYER INDEMNITY FORM and MEDICAL INFORMATION

Team Manager to hold form in the team folder

In consideration of the Eastern Mavericks District Basketball Club Inc. (hereinafter called "The Club") selecting

(name) _____ of Under _____ **Girls / Boys**
 (hereinafter called "the player") as a member of the club's contingent to participate in matches, training sessions or functions.

I _____ of _____

hereby undertake to indemnify the Club, its officers, servants, agents or any one 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/hospitalization 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 club matches, training sessions and functions.

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.

PLAYER INFORMATION:	
Players Name:	
D.O.B: ___ / ___ / ___	Gender: M / F
Home Phone:	Mob:
Home Address:	
Suburb:	State: Postcode:
Postal Address: (if different from above)	
Suburb:	State: Postcode:
Doctors Name:	
Phone Number:	
Medicare No:	
Private Health Fund:	
Membership No.:	
Ambulance Cover: YES / NO	Membership No.:

Medical Condition	Circle	Further Information
Epilepsy	Yes / No	
Fainting / dizzy spells	Yes / No	
Heart Condition	Yes / No	
Diabetes	Yes / No	
Ear Disorder (drainage tubes/deafness)	Yes / No	
Allergies (bee stings, peanuts etc)	Yes / No	
Respiratory Disorder	Yes / No	
Sports Injuries	Yes / No	
Does your child require an inhaler	Yes / No	Colour : Brand:
Mouth Guard	Yes / No	
Contact Lenses	Yes / No	
Other medical information	Yes / No	Please list



Photography, Filming & Recording Declaration

Eastern Mavericks District Basketball Club may take photographs, film or audio record of players during games, including

- Scheduled weekly matches
- Carnivals
- SA Country or Metropolitan team games

The Eastern Mavericks District Basketball Club may display these photographs, films and recordings to promote the Eastern Mavericks Basketball Club on Social Media sites including the Eastern Mavericks Website, Facebook, Instagram, Local Newspapers, Promotional Material, Publications or Newspapers.

I DO / DO NOT give permission for my child's photograph, film or audio recording to be use in the above form to promote Eastern Mavericks

SIGNED: _____ **DATE:** ___ / ___ / _____

EMERGENCY CONTACT INFORMATION:

Name:		Relationship:	
Home Phone:	Mob:	Work:	
Home Address:			
Suburb:		State:	Postcode:
Postal Address: (if different from above)			
Suburb:		State:	Postcode:
Email:			

DECLARATION:

I declare the above information is true and correct

SIGNED: _____ **NAME:** _____

WITNESS: _____ **NAME:** _____

DATE: ___ / ___ / _____

The above information is confidential and will only be used by the Eastern Mavericks District Basketball Club Incorporated in the administration and subsequent operations of the Club. If the information changes, we request you advise the Coach and Team Manager immediately.

EASTERN MAVERICKS DISTRICT BASKETBALL CLUB INC.

ABN: 77 564 054 746

P.O. Box 1461, Mount Barker SA 5251