ALL FORMS MUST BE SIGNED BEFORE A PLAYER CAN TAKE THE COURT

MEDICAL FORM – RUPERTSWOOD BASKETBALL CLUB INC.

PRIVATE & CONFIDENTIAL – for the Coach / Team manager

NAME_____ DATE OF BIRTH_____

PHONE_____ MOBILE_____ EMERGENCY .____

ADDRESS_____

Please note it is the parent or guardians responsibility to notify the coach and or the Team Manager of any medical conditions at the beginning of each season they play.

Consider - Asthma, allergy to peanuts, penicillin, gluten, anaesthetic, bee stings, false teeth, plates, contagious disease, heart problem, shunt, epilepsy, blackouts, dizziness, pacemaker, recent injury, dislocation, concussion, etc

Tick if more info written on reverse. ☐

I consent to the above named person participating in RBC trainings, games and functions at various stadiums and authorize the Coach / Team Manager or delegated replacement (where impractical to communicate with me) to seek medical or surgical attention in the event of an emergency. I agree to pay ambulance costs.

SIGNATURE (AGED 18+_____ DATE_____

If nominated player is under 18…

NAME OF PARENT / GUARDIAN .____

SIGNATURE_____ DATE_____