



JUNIOR PLAYER MEDICAL ADVICE CARD 2022

PLAYER'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MEDICARE #: \_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_ MEMBERSHIP # \_\_\_\_\_

FAMILY DOCTOR/MEDICAL CENTRE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_ RELATIONSHIP TO PLAYER: \_\_\_\_\_

I give permission to call an Ambulance in an emergency: YES / NO

Does the player suffer from:	Yes or No	Management
Diabetes		
Asthma		
Epilepsy		
Bronchitis		
Allergies (please list)		

Does the player experience any of the following signs and symptoms during training/playing?

Undue shortness of breath	
Chest pain	
Light headedness, dizziness or episodes of fainting?	
Become tired/fatigued easily	

Any other conditions that our Club should be aware of? \_\_\_\_\_

Any regular medication or current medication (please supply details ie. reason for medication/times etc)?

Any physical problems (ie muscular/joint) that may limit the player in physical activity? \_\_\_\_\_

Has the player suffered concussion in the last three years (please supply details of treatment and outcomes)?

Are you aware of the inherent risks of participating in physical activity such as Rugby League? YES / NO

I declare this to be a true statement of the player's health status as at the date below.

I will inform the Club First Aid Officer of any problem that may occur during the season that is relevant to the player playing Rugby League.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PINE CENTRAL HOLY SPIRIT RLFC Inc**

## Media Release Form 2022

I Consent To \_\_\_\_\_ Image/Photo Being Used

1. Pine Central Holy Spirit RLFC and/or its agents respectfully request to be able to make use of pictures/videos/images of your child whether that be on the website, Facebook or other related mediums. Images may be used in both administrative material (reports, updates etc) or promotional material (e.g. flyers, online adverts etc).
2. Pine Central Holy Spirit RLFC will not remunerate the child/parent or make any payments for the use of these images – royalties or otherwise.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_/\_\_/\_\_