



PINE CENTRAL HOLY SPIRIT RLFC Inc.

SENIOR 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

Do you suffer from any of the following?

| | Yes / No | Management |
|-------------------------|----------|------------|
| Diabetes | | |
| Asthma | | |
| Epilepsy | | |
| Bronchitis | | |
| Allergies (please list) | | |

Do you experience any of the following signs and symptoms during training or playing?

| | YES / NO | If yes, please explain further. |
|--|----------|---------------------------------|
| Undue shortness of breath | | |
| Chest pain | | |
| Light headedness, dizziness or episodes of fainting? | | |
| Become tired/fatigued easily | | |

Do you take any regular medication(s)? YES / No

Type: Reason:

Previous Injuries:

| | When | Treatment |
|---------------|------|-----------|
| Fracture | | |
| Dislocation | | |
| Neck Injury | | |
| Back Injury | | |
| Ankle Sprain | | |
| Knee Problems | | |

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Do you require taping every game? YES / NO Where? _____

Have you suffered a concussion in the last 3 years? YES / NO

If yes, how many times? _____ Treatment _____

When did you have your last full medical check up? _____

Have you had your full course of Hepatitis "B" injections? YES / NO

Any other conditions that our Club should be aware of? _____

How long have you been playing Rugby League? _____ How long since you last played? _____

What position do you usually play? _____

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 my health status as the date below.

I will notify the Club First Aid Officer of any problem that may occur during the season that is relevant to my health status and playing Rugby League.

Signature: _____ Date: ____/____/____

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:** ____/____/____

Office only

Checked by: _____ *Position in Club:* _____