

PLAYERS MEDICAL INFORMATION

Would all players/parents please take the time to provide this important information in case of injury or illness:-

Player's Full Name.....

Parents' Name/s and telephone
(Please give both parents details and include mobile numbers where applicable):-

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.....
Doctor's name, address and telephone number:-

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.....
Do you have any diagnosed illnesses or medical conditions: - **Yes / No**
If "yes", please specify:

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Do you have any allergies?

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.....
Are you on any current medications?

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.....
Any medication likely to be needed must be carried at all times.

Indemnity and Release

In allowing my child to participate in Cricket Australia (CA)/South Perth Junior Cricket Club (SPJCC) Program:
•I CONFIRM that I am a parent or legal guardian of the child and that I am responsible for organizing transportation to and from the program.

•I INDEMNIFY the SPJCC, WACA and CA for all liability and costs associated with my failure to arrange for the prompt collection of my child after the designated finish time of the program.
•I ACKNOWLEDGE that there are inherent dangers associated with the program which may result in the child being injured.

•To the extent permitted by law, I agree both on behalf of the child and in my own right ABSOLVE AND INDEMNIFY the WACA, CA and SPJCC from any and all liability for injury, loss or damage however caused arising out of the child's participation in the program.

•I agree both on behalf of the child and in my own right to RELEASE AND FOREVER DISCHARGE the WACA, CA and SPJCC from all claims that I or the child may have or may have had but for this release arising from the child's participation in the program.

•I AGREE to maintain ultimate responsibility for the supervision of my child but in the event I am unavailable I AUTHORISE the club's designated coaches or nominated deputy to seek whatever medical care may be deemed necessary in the event of illness or injury and I INDEMNIFY the WACA, CA and SPJCC for all costs associated therewith.

Parent/guardian signature.....

Date.....

THIS FORM WILL BE KEPT IN THE COACH'S MANUAL AND WILL BE AVAILABLE AT ALL TIMES AT TRAINING AND GAMES.