



PARTICIPANT / PLAYER MEDICAL PROFILE - PERSONAL RECORD

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All information on this sheet is confidential. Access to this sheet is limited to medical staff and coach. This information will be treated in accordance with the Club / Organisation's privacy policy. See privacy statement below.

Personal Details

Surname _____ Given Names _____

Address: _____

Home _____ Mobile _____ Business _____

Phone _____ Phone _____ Phone _____

Sex: Male / Female _____ Date of Birth: _____ Age: _____

Emergency Contact

Surname: _____ Given: _____

Address: _____

Home _____ Mobile: _____ Business _____

Relationship to above _____

Health Care Details

Medicare Number _____ Private Health Fund: Yes / No (circle which applies)
Insurance

Private Fund Number _____ Fund Name: _____

Do you have Ambulance cover Yes / No

Private Doctor: _____ Telephone _____

Address: _____

Dentist: _____ Telephone _____

Address: _____



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Certain medical conditions or previous injuries may influence your ability to participate in sport. Examples of these include but are in no way limited to :

- Asthma
- Diabetes
- Epilepsy
- Spinal Injuries
- Arthritis
- Previous Injuries

If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport.

Do you have any conditions that you, in consultation with your doctor, consider appropriate to notify the club / organisation of, or are you currently taking any medication? eg. previous injuries, medical conditions or allergies. If so, please list here:

PRIVACY STATEMENT

To the best of my knowledge, all information contained on this sheet is correct (If player is under 18 please have parent or legal guardian sign)

Signature

Date

Manning Valley Hockey Assoc. Inc. abides by the relevant National Privacy Principles of the *Privacy Act 1988*. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organisations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, directors and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play sport in any of our teams. You can get more information about the way we manage your personal information by writing to Manning Valley Hockey Assoc. Inc. Secretary. Please contact us on P.O. Box 315 TAREE 2430. if you would like to access or correct the information that we hold about you.

DISCLAIMER

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