



**MEDICAL AUTHORITY & RELEASE**

Note: teams must provide 2 copies of this form for each player/participant. One form is to be retained by the Manager, the other is to be given to the NSWIHA Inc.

Name of Player  
(Print Full Names):.....

Date of Birth:.....Medicare Card No:.....

Address:.....  
.....Postcode:.....

Private Health Fund Details (if applicable):

Name of Fund:.....Table:.....

1. I/We the parent(s)/guardians(s) of the above named player or other person participating with the team hereby authorise the Association (which term for the purposes of this authorisation clause and subsequent clauses shall severally and jointly mean and include the Association, its Directors, employees, officials, agents and contractors) to:
  - a) In case of illness or injury which may occur in connection with his participation in all aspects of the team's program, and also all aspects of any involvement with a State or National Team program, have a medical officer provide medical assistance and treatment to the player as deemed necessary.
2. I/We understand that this action is to provide prompt medical treatment and assistance and that only qualified practitioners will be engaged in such treatment in an emergency.
3. I/We advise of the following known allergies or pre-existing conditions (eg Asthma, etc):  
.....  
.....
4. I/We advise of the following details of any stabiliser, drug, asthmatic, heart and/or other out of the ordinary physical or medical concerns appropriate to the above player/participant.  
.....
5. I/We undertake to disclose to the Association full details of all injuries, illnesses and conditions as provided for in Clauses 3 and 4 above.
6. I/We acknowledge that the Association will not meet the cost of any medical or hospital service incurred and that it is my/our responsibility to ensure that I/We have adequate health insurance at all times.

Exclusion of liability for damage to players/participants person or property:



I/We hereby agree that the Association (which term for the purpose of this indemnity clause shall severally and jointly mean and include the Associations, its Directors, Officials, employees, agents and contractors) shall not be deemed responsible or liable, whether in contract or in tort or under any statute, for any injury, illness, loss or damage or other mishap to me or my property sustained in, arising from or out of, or in any way directly or indirectly connected with my participation in any game or with travelling, competition, training or function of whatsoever nature held during the period of my participation or with any medical or scientific examination and tests conducted on me during the period of my participation in the team or for any disciplinary or other action ordered, taken against or directed at me by, the Tournament Executive Director of the Association and any person authorised or directed by him or the Managers. I/We hereby indemnify and will at all times thereafter well and sufficiently indemnify and keep fully indemnified the Association from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against the Association or incurred or become payable by the Association in connection with, or arising out of any such injury, illness, loss, damage or other mishap to me or my property or any disciplinary action ordered, taken against or directed at me and hereby agree (without in anyway imposing or attaching any liability or obligation upon the Association to do so) that the Association of Affiliated Association of the Federation may act as my agent in incurring such expenses as, and/or doing whatsoever is reasonably necessary for the benefit to me in connection with or arising out of any such injury, illness, loss, damage or other mishap.

Dates:.....

Father:.....

Signature:.....

Mother:.....

Signature:.....

Legal Guardian:.....

Signature:.....

Ph):.....

Players Signature:.....

Parents will be notified in cases of serious illness or injury as quickly as possible, but this consent will make immediate treatment possible.