

DF Sports Management Australia Pty Ltd

PO Box 965 Springwood QLD 4127

Email: adrian@dfsports.com.au Web: www.dfsports.com.au



DUTY OF CARE FORM

FAMILY NAME			
Player's Name	Date of Birth:		
MOTHER/GUARDIAN NAME		FATHER/GUARDIAN NAME	
Home No.		Home No.	
Work No.		Work No.	
Mobile No.		Mobile No.	
IF I AM NOT CONTACTABLE, PLEASE TELEPHONE THE FOLLOWING:			
Name of Person (1) / Relationship to player		Phone No.	
Name of Person (2) / Relationship to Player		Phone No.	
MEDICAL DETAILS			
Medicare No.		Date of Last Tetanus Injection	
Private Health Insurance	yes no	Company & policy no.	
Name of Family Doctor		Phone No.	
Does the player have a medical condition including heart problems, respiratory problems (e.g. Asthma), allergies, requires medication etc. If yes, please give details:			

I _____ (parent/guardian) am willing for my child/self, _____ (player's name) to participate in the 2010 soccer coaching clinics. I understand that the nature of the activities of the soccer season will include, but may not be limited to training sessions, games and club activities during the season, and the risks that may arise during these activities.

I hereby authorise the coaches and directors in charge of DF Sports Management Pty Ltd or the particular activity in which I/ my child am/is involved to consent, where it is impractical to communicate with me, for me/my child to receive such medical or surgical treatment as the leaders and qualified medical practitioner may deem necessary at any time during the soccer season. I further authorize the use of ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment, it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I understand that every effort will be made by the coach, manager or official firstly to contact the abovementioned person/s in the event of accident or illness.

I/My child agree to abide by the guidelines of the DF Sports Australia Pty Ltd and to participate in all aspects of the 2010 coaching clinics. I understand that registration fees are non-refundable.

I further agree to indemnify and hold indemnified DF Sports Management PTY Ltd, its agents, servants, voluntary workers against all claims and losses of every kind out of or in connection with my/ my child's participation in the 2010 Coaching Clinics.

I certify that the particulars on this confidential medical report are complete and correct.

Signed: _____
(Parent/Guardian/Player if 18+)

Date: _____