

DUSTON NETBALL CLUB

MEDICAL FORM ALL PLAYERS

As with all sports, playing netball carries a small amount of risk of injury. All sessions involving junior/youth are run under the guidance of qualified All England Netball Association coaches. Please complete the following, and sign and return to a club coach as soon as possible. If you have any queries please do not hesitate to ask.

NAME OF PLAYER

DATE OF BIRTH(+U18s, School and SchYr).....

ADDRESS

TEL NO. Home.....**MOBILE TEL NO.**.....

***Email address**.....

FAMILY DOCTOR

And Address

ANY KNOWN MEDICAL CONDITIONS (including any current medication, and known allergies).
OR OTHER FACTORS:
.....

ANY PRESENT OR PAST INJURIES.....

Contact name and number in case of emergency

Consent:

- ❖ I agree to take part in the activities of Duston Netball Club.
- ❖ I confirm, to the best of my knowledge that I do not suffer from any medical condition other than those listed above.
- ❖ I consent to my photograph being taken and used in promoting Duston Netball Club in different media forms.
- ❖ I authorise the leader of the party, or any other club official accompanying the party who may be present, to consent to such medical treatment (including inoculations, blood transfusions or surgery) which, in the opinion of a qualified medical practitioner, may be necessary during any period of time while I am training, playing, travelling with Duston Netball Club.

❖
SIGNED Date

Under 18s, Parent/Carer/Guardian Signature.....**Date**.....

*** U18s Parent /Carer consent for email info to sent when necessary...YES/NO**