

Caboolture Disability Indoor Cricket Inc.

ABN: 73 064 864 251

Phone: 0415 271 919

Email: info@disabilityindoorcricket.com.au

Website: www.disabilityindoorcricket.com.au

The information supplied will be kept confidential and secure, and will only be used to provide necessary aid in the event of an emergency or medical situation. We ask that you assist us by keeping this document up to date.

Player:

Name: _____ Date of Birth: _____

Address: _____

_____ Phone No: _____

Emergency contacts:

Name: _____ Phone no: _____

Doctor's Name: _____ Phone no: _____

Doctor's Address: _____

Any Medical or Physical Restrictions: _____

Any relevant information for the coach to ensure the sporting experience is an enjoyable one for the player, e.g. skills, communication needs, understanding any likely behaviours , etc

Caboolture Disability Indoor Cricket Inc.

ABN: 73 064 864 251

Phone: 0415 271 919

Email: info@disabilityindoorcricket.com.au

Website: www.disabilityindoorcricket.com.au

Player's name and/or photo may be used to inform members of activities, or to promote Caboolture Disability Indoor Cricket, Inc., in the following media.

Yes	No	Our Website.
Yes	No	Our Facebook Page
Yes	No	Local Newspaper.
Yes	No	Media distributed to Disability Centers and Schools.

If player will be attending sporting activities without support, either at Indoor Sports Centre or Social Events, please attach a list of any medications with Doctor's instructions, as well as a current Medical Action Plan.

I give permission for first aid to be administered, and to call an ambulance for transport to hospital if required. I acknowledge that there is no player insurance at venues, hence there will be no claims or compensation for injury against Caboolture Disability Indoor Cricket, Inc., and committee members.

Signature of Player/Guardian: _____

If player under 18

Signature of Parent/Guardian: _____

If the player will be transported by parent/s or support person/s to and from the sports or social venues, and they may not be staying, please provide contact details for them.

Name: _____ Mobile Phone no: _____

Name: _____ Mobile Phone no: _____

Support persons are welcome to stay and watch, or even provide appropriate support on the court if desired.