Trott Park Fencing Club Inc.

Meets
Hallett Cove South Primary School
Livonia Crescent
Hallett Cove SA 5158

Wednesday evenings
7 pm – 9 pm

Coach
Jenny Cassidy
NCAS Level II
Foil, Epée, Sabre

8322 6598
0410 873 495

Consent, health and information sheet 2007

ACKNOWLEDGEMENT AND CONSENT

I authorise the Trott Park Fencing Club Incorporated to obtain emergency medical / dental / hospital / ambulance assistance deemed necessary, should an accident or sudden illness occur and agree to pay all medical and dental expenses incurred on behalf of the person named in “Your details”. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality occurs.

I give permission for images (photographic or electronic reproductions) of the person named in “Your details” to be used for the purpose of promoting the sport of fencing and the Trott Park Fencing Club Incorporated without further consent. I understand that any subsequent objection to the use of any images for the purpose described above, must be advised in writing to the Secretary, Trott Park Fencing Club Incorporated.

I have checked all the information provided and confirm it is accurate to the best of my knowledge.

Name ______________________________ Signature ______________________
Parent/Guardian if under 18 years

Date ______/________/_______

YOUR DETAILS

Club member’s full name

____

Address

____

Postcode ________________ **Date of birth** ______/________/_______

Phone numbers

__________________________(Home)_____________________________(Work)

____(Mobile)

Email address

____

EMERGENCY CONTACT PERSON

Name and relationship

____

Phone numbers

________________________(Home)_____________________________(Work)

_______________________________________(Mobile)

HEALTH INFORMATION

Do you have any allergy / medical condition / health problem? **YES / NO**

If you have answered "YES", please provide details of the allergy / medical condition / health problem

Are you aware of any medical emergency which could occur? **YES / NO**
If answered "YES", please provide details:

Precautions to avoid emergency	How to recognise emergency	Emergency treatment to be administered

MEDICATION

Do you take any prescribed medication (including inhalers)? **YES / NO**

If you have answered "YES", please give details and if required, ensure the medication is available at training / competitions

MEDICARE / PRIVATE HEALTH FUND DETAILS

Medicare card number

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If you are a member of any private medical benefit fund, please provide details:

Fund name tables	Membership number	Benefit

If you are covered by an ambulance subscription, please provide details: ______________________

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