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| --- |
| **Name of Player (show full names):**Click or tap here to enter text. |
| **DOB:**Click or tap to enter a date. | **Medicare Card No.:**Click or tap here to enter text. | **Line Position:**Click or tap here to enter text. |
| **Address:**Click or tap here to enter text. |

Baseball WA

Player Medical Authority & Release

# Private Health Fund Details (if applicable)

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| --- | --- |
| **Name of Fund:**Click or tap here to enter text. | **Table:**Click or tap here to enter text. |

1. I/We (the parent(s)/guardian(s)) of the above-named player (or any underage person) participating with the team hereby authorise Baseball WA [BWA] (which term for the purposes of this authorisation clause and subsequent clauses shall severally and jointly mean and include BWA, its directors, employees, agents, and contractors) to:
	1. In case of illness or injury which may occur in connection with his/her participation in the Australian Championships and all aspects of the team's program, and all aspects of any involvement with a National Team program have a medical officer provide medical assistance and treatment to the player as deemed necessary**.**
2. I/We understand(s) that this action is to provide prompt medical treatment and assistance and that only qualified practitioner will be engaged in such treatment in emergency.
3. I/We advise of the following known allergies or pre-existing conditions (e.g., Asthma etc)

Click or tap here to enter text.

1. 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.

Click or tap here to enter text.

1. I/We undertake to disclose to BWA full details of all injuries, illnesses and conditions as provided for in Clauses 3and 4 above.
2. I/We acknowledge that BWA 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 and extras always cover.
3. Exclusion of liability for damage to players/participants person or property:

I/We hereby agree that BWA (which term for the purpose of this indemnity clause shall severally and jointly mean and include BWA, its Directors, 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 the Australian Championships, or with any travelling, match, competition, practice, training or function of whatsoever nature held during the period of my participation or with any medical or scientific examinations and tests conducted on me during the period of my participation in the Australian Championships, or for any disciplinary or other action ordered, taken against or directed at me by any person authorised or directed by the Chief Executive Officer, BWA, or the Head Coach or Coaches or Executive Officer of any of the participating team in the Australian Championships and Team Program, or any persons appointed by BWA and hereby indemnify and will at all times thereafter well and sufficiently indemnify and keep fully indemnified BWA from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against BWA or incurred or become payable by BWA in connection with, or arising out of any such injury, illness, loss, damage or other mishap to me or my property or any disciplinary or other action ordered, taken against or directed at me and hereby agree (without in anyway imposing or attaching any liability or obligation upon BWA to do so) that BWA or Affiliated Association of BWA may act as my agent in incurring such expenses as, and/or doing whatsoever is reasonably necessary for the benefit of me in connection with or arising out of any such injury, illness, loss, damage or other mishap.

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| --- |
| Date:Click or tap to enter a date. |
| Player’s Signature:Click or tap here to enter text. |
| Father’s/Guardian Name:Click or tap here to enter text. |
| Signature:Click or tap here to enter text. |
| Mother’s/Guardian NameClick or tap here to enter text. |
| Signature:Click or tap here to enter text. |

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

# Note: Teams must retain a copy, either paper or electronic of this form for each player/participant.

PRIVACY STATEMENT

*Baseball WA adheres to the National Privacy Principles of the Privacy Act regarding the way it receives, manages, and stores personal information. Your personal details will only be used for the purpose for which you have provided them. We will not disclose your personal information to others or allow third parties to access it unless required by law, or unless it is necessary to do so to prevent a threat to life or health.*