

PLAYER INDEMNITY & CONSENT FORM
Longwarry Netball Club
Member of the Ellinbank & District Netball Association (EDNA)

PERSONAL & MEDICAL INFORMATION

I hereby consent to the provision of the following health information for the Longwarry Netball Club records and to use in the event of injury, illness or emergency, if required.

The Longwarry Netball Club requires the information requested below for use in relation to the Ellinbank & District Netball Association competition. Your personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the following personnel: EDNA Committee Members, Longwarry Netball Club Committee Members, Game Day Primary Carer, Team Coach and Team Manager. You will be able to access your personal information through the Club Secretary upon reasonable notice.

CONSENT: I understand that the LNC competition will be played under the rules as set by EDNA in accordance with Netball Victoria guidelines. I also understand that netball is a limited contact sport and that there is a risk of injury involved in playing netball. I authorize any official from LNC in charge of the EDNA competition in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

INDEMNITY: Except where provided or required by law and such cannot be excluded, I agree that LNC and its respective directors, officers, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused, arising whilst participating in the EDNA competition.

I have read, understood and agree to the above terms. I warrant that all information provided is true and correct.

Signed (parent/legal guardian): _____ Date: _____