



ELTHAM EAGLES SOCCER CLUB - JUNIORS Medical & Indemnity Form - 2011

The coaches, referees and club officials make every effort to ensure that your child can enjoy the sport of their choice in safe conditions. Sometimes, however, accidents occur or a child may fall ill. In the event of an injury or illness occurring while your child is playing soccer, reasonable effort will be made to contact you first. Where we cannot contact you then every effort will be made to ensure that your child has appropriate medical care.

I, _____ (name of parent or guardian) authorise the coach or manager of the Eltham Eagles Soccer Club 'Under _____' to obtain any or all medical assistance for _____ (name of child) in the event of injury or illness. This assistance can include transfer to a doctor's surgery or hospital.

I understand that every reasonable effort will be made to contact me (or the nominated) prior to any action being taken except for immediate first aid, but where I cannot be contacted I/ we understand that all efforts to obtain appropriate medical assistance will be made.

Allergies: _____

Emergency Treatment: _____

Existing Medical Conditions: _____

Medicare No.: _____ **Ambulance Membership:** _____

Health Fund (if applicable): _____

Doctor's Name & Contact No.: _____

In an emergency if I / we cannot be contacted according to the 'Registration Contact Details', please phone /advise:

Name: _____ Phone: _____

Relationship: _____ Address: _____

Insurance claims should be made within 30 days with Oamps/Laser Insurance (see your manager or web site)

Privacy Policy

The Eltham Eagles Soccer Club respects and upholds the rights of individuals to privacy in relation to their personal information. Information derived from this registration and 'Indemnity Form' will only be used for the purposes expressed. Any personal information disclosed will be kept confidential by the EESC and will not be disclosed to external third parties. EESC compiles a Club phone directory, including registrants name and address for distribution to Coaches, Team Managers, Club Committee and Team members. I give my expressed permission to have my details included on the directory. Please tick Box.

Forward entire form, including registration form and payment to EESC Junior Registrar, 3 Covala Court , St Helena, VIC 3088. Ph 9434 4009 or email: eesc.jnr.registrar@ypc.org.au