



FOOTBALL TECHNIQUE AUSTRALIA SCHOOL
ACADEMY CARWATHA COLLEGE P-12



PLAYER MEDICAL HISTORY

Childs name:
Emergency Contact Person:
Emergency Contact Number:
Medical condition:
Medication taken for condition – both preventative and treatment:
Illness history:
Restrictions due to condition:
Typical symptoms or presentation requiring first aid response:
Recommended first aid response if symptoms occur:
Any additional information:

Where the staff member in charge is unable to contact me, or where it is impracticable to contact me, I authoris e the staff member in charge to **1)** consent to any medical or surgical attention deemed necessary by a medical practitioner, and **2)** administer such firstaid as the staff member in charge judges to be reasonably necessary. I agree to meet any medical expenses and/or transport costs incurred in the event of sickness or injury.

Signed: _____ Parent/Guardian: _____

SPORTS RISK WAIVER

I acknowledge that there are inherent risks involved in my child participating in the Football Technique Australia School Football program. I discharge Football Technique Australia (including all directors, employees, coaches and guest coaches/ players) from any and all liability for injury, loss or damage caused arising out of my participation in the program. I agree that I will not sue Football Technique Australia (including all directors, employees, coaches & guest coaches/ players) in the future, for any kind of injury, damage or loss that occurs while participating in Football Technique Australia school program. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Signed: _____ Parent/Guardian: _____