

MEDICAL AUTHORITY & RELEASE

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

Name of Player (show full names): _____

Date of Birth: _____ Medicare Card No: _____ Line Position: _____

Address: _____

_____ Postcode: _____

Private Health Fund Details (if applicable):

Name of Fund: _____ Table: _____

1. I/We (the parent(s)/guardian(s)) of the above named player (or any underage person) participating with the team hereby authorise BA (which term for the purposes of this authorisation clause and subsequent clauses shall severally and jointly mean and include BA, its Directors, employees, agents and contractors) to:

a) 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 also 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.):

4. 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.

5. I/We undertake to disclose to BA full details of all injuries, illnesses and conditions as provided for in Clauses 3 and 4 above.

6. I/We acknowledge that BA 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 cover at all times.

7. Exclusion of liability for damage to players/participants person or property:

I/We hereby agree that BA (which term for the purpose of this indemnity clause shall severally and jointly mean and include BA, 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 and National Team Program, 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 and National Team Program, or for any disciplinary or other action ordered, taken against or directed at me by the National Executive Director of BA, any person authorised or directed by him or the Chief Executive Officer, BA, or the Head Coach or Coaches or Executive Officer of any Development Camp or participating team in the Australian Championships and Team Program, or any persons appointed by BA and hereby indemnify and will at all times thereafter well and sufficiently indemnify and keep fully indemnified BA from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against BA or incurred or become payable by BA 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 BA to do so) that BA or Affiliated Association of BA 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.

Dated: _____

Player's Signature: _____

Father's/Guardian's Name: _____

Signature: _____

Mother's/Guardian's Name: _____

Signature: _____

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

THIS FORM IS NOT TO BE AMENDED OR ALTERED IN ANY WAY

PRIVACY STATEMENT

The Australian Baseball Federation adheres to the National Privacy Principles of the Privacy Act with regard to the manner in which 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.

Updated July 2019