



## PARENTAL/GUARDIAN CONSENT –JCW 2010

**Parents please note:  
For your child to participate in this activity this form must be returned.  
No verbal, fax or email permission is acceptable.**

I, ....., consent to my child: .....  
attending the Junior Country Championships Saturday 26<sup>th</sup> June and Sunday 27<sup>th</sup> June 2010.

Please complete the following details:

Personal Details		
<b>Player:</b>	Surname:	Given Name/s:
	DOB:	Email:
	Street Address:	
	Suburb:	P/C:
	Home Phone #:	Mobile #:
<b>Parent Details:</b>	Fathers Name:	Contact #: Mobile #:
	Mothers Name:	Contact #: Mobile #:
	Other Contact Numbers:	
Emergency Contact:		
	Surname:	Given Name:
	Relationship:	
	Home Phone #:	Mobile #:
	Other:	
Health Care Details		
Medicare #:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ref # <input type="checkbox"/> This is the number next to the name on the card
Ambulance Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO	Number:
Private Health Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list details:	
	Fund:	Table:
	Member Number:	
Private Doctor:	Name:	Contact #:
	Can Dr be contacted at all times?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, AH #:



Optional Merchandise:  
Hockey Ballarat Hoody (\$45.00)

Boys/Mens 10 12 14 S M L XL

Girls/Womens 10 12 14 S M L XL

Hockey Ballarat Training Top (\$15.00)

Boys/Mens 10 12 14 S M L XL

Girls/Womens 10 12 14 S M L XL

If your child has any allergies or medical conditions, please give details below:

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Special Dietary requirements:

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I authorise any official accompanying players to this event to obtain any hospital, medical or associated assistance, and for any treatment or procedure thought necessary in the event of illness or accident. I agree to pay or reimburse any expenses so incurred. In the event that the officials decide for any reason that my child should be sent home from the event prior to its conclusion, I agree to pay or reimburse any costs so incurred.

I have read all documentation associated with the event. Please tick

Parent/Guardian Name: .....

Signature: .....

Date: .....