



UNDER 12
SKILLS DAYS

2012
INDEMNITY
FORM

THIS FORM MUST BE HANDED IN ON ARRIVAL
AT THE SKILLS DAY

PLEASE FILL IN THIS FORM CAREFULLY - NO INDEMNITY FORM, NO SKILLS DAY



BASKETBALL VICTORIA COUNTRY UNDER 12 SKILLS DAYS – 2012

This player indemnity form is to be handed in on arrival at the Skills Day

Players Name:	
Address:	
	Post Code:
Phone:	Date of Birth:

PLAYER DETAILS:

Please circle YES or NO			
Does your child suffer from any disorder which may require treatment?			
Diabetes:	Y / N	Allergy to bee sting:	Y / N
Migraine:	Y / N	Asthma:	Y / N
Rash (on feet etc): Y / N			
Other (please provide details):			
Allergy to any medication: Y / N (please provide details):			
If you answered 'Yes' to any of the above, please indicate treatment necessary:			
Private Health Insurance?	Y / N	Member No.	
Medicare No.		Expiry:	/
Is there anything else concerning your child that may assist us? eg. diet, sleepwalker etc.			
Is your child currently taking medication? Y / N			
If 'Yes' please provide details:			
<i>Please bring relevant medication with you to camp and speak with the Administrator</i>			
Do you object to the BVC Administrator providing your child with Panadol? Y / N			
Does your child have Ambulance Cover? Y / N		Do we have your permission to call an Ambulance? Y / N	
Date of your child's last Tetanus Injection:			

I hereby warrant that the Medical Information supplied in this form is correct and maybe relied upon in vision of Medical treatment. I agree to indemnify BVC and members of its staff from and against any claim for damages which may arise from their participation in any activity or function connected with the event. I further authorise BVC, staff and officials that in the event of any accident or illness to obtain all necessary Medical Assistance and Hospital accommodation as is appropriate, and in the event that my child requires operative treatment I authorise you to sign any release forms on their behalf acting on proper Medical advice, and I hereby agree to indemnify you against all such doctors fees, Hospital accommodation, Ambulance fees, and other associated expenses which may arise from the provision of Medical treatment and I hereby further agree to indemnify you against any claims which may be brought as a result of the provision of that treatment.

I further warrant that my child will behave in a reasonable and appropriate manner whilst under your care and control, and I acknowledge that in the event that my child does not behave in a satisfactory manner, then the child may at your absolute discretion be withdrawn from the event in which the child is participating. I further acknowledge that BVC may at its absolute discretion thereafter withdraw my child from any scheme or program of which my child may be a recipient, ban or suspend the child from any further competitions or events for such period of time it deems appropriate, and I agree the decision of the said Basketball Victoria Country is final.

SIGNED by PARENT/GUARDIAN	Date:
NAME (please print)	Relationship to Child:
During the Event I can be contacted on the following phone numbers:	
Day:	AH: Mobile: