



## **Junior Representative Information and Forms 2016**

### **Part "A" Junior Representative Player Medical Information - TO BE COMPLETED BY PARENT OR GUARDIAN**

All information is confidential and is important to the welfare of your child.

#### **Player Details:**

Name: \_\_\_\_\_  
Family Name Given Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Details: Home: \_\_\_\_\_

Parents Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representative Team: Men/Women (Please circle) U12, U14, U16, U18 Division 1 / Division 2

Medicare Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your child covered for Ambulance transportation? ☐ Yes ☐ No

Does your child have Private Medical Insurance? ☐ Yes ☐ No

Name of Private Insurer: \_\_\_\_\_ Member Number: \_\_\_\_\_

Does your child have a current medical condition? Eg Asthma, Epilepsy etc ☐ Yes ☐ No

Give details of any medication your child is currently taking.

Is your child allergic to any medications? Eg. Codeine, penicillin, peanuts or bee stings etc ☐ Yes ☐ No



## **Part "B": JUNIOR REPRESENTATIVE PLAYER CONSENT** **Authority, Paracetamol & Photo consent**

I, \_\_\_\_\_ consent to \_\_\_\_\_  
*Parents or Guardians Name* *Players Name*

### **Injury Authority**

- ☐ participating in the Coffs Harbour Basketball representative program in 2016.
- ☐ I have read the 2016 CHBA Representative regulations and agree to abide by the rules and regulations within this.
- ☐ I authorise officials of the Coffs Harbour Basketball Association to obtain such medical assistance for my son/daughter/ward as required should he/she have an accident or take ill. I also agree to pay any medical expenses incurred.
- ☐ I further authorise qualified medical practitioners to administer anaesthetic if the need arises. In the event of any changes to the above information I undertake to inform the Coffs Harbour Basketball Association immediately.

### **Paracetamol**

- ☐ being administered by team managers to Paracetamol according to the directions of the manufacturer in my absence.

### **Photographs**

- ☐ I authorise Coffs Harbour Basketball to take photographs of my son/daughter during any training or games whilst my child is a member of the CHBA Rep team.
- ☐ I understand that these photos may be used for publications (including websites and Facebook) to promote basketball in the future

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**\*THIS FORM MUST BE COMPLETED AND HANDED TO MANAGER BEFORE ANY 2015  
REPRESENTATIVE COMMITMENTS**

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### **WORKING WITH CHILDREN CHECK – PARENTS/VOLUNTEERS**

Please note: The working with Children's check is for any adults that will be involved at all with the children, be it as a manager, or parent at the games. Please make sure that you complete the necessary online forms and provide CHBA with your WWCC number.

Parent's Name: \_\_\_\_\_

Contact number: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Working With Children Check Number / Application Number: \_\_\_\_\_

I, \_\_\_\_\_ verify that the above information is correct and current.

\_\_\_\_\_  
Signature



# **Coffs Harbour Basketball Association**

## **Junior Representative Player Declaration 2015**

I, ..... as a selected Representative Player of Coffs Harbour Basketball Association, agree to the following as set down by Coffs Harbour Basketball Association.  
**(Please tick each statement)**

1. ☐ To cooperate fully with my team Coach(es) and Manager
2. ☐ To conduct myself in an appropriate manner at all times
3. ☐ To observe all Coffs Harbour Association regulations regarding dress and personal appearance
4. ☐ To adhere to all team travel arrangements
5. ☐ Not to take any action that will commit the Coffs Harbour Basketball Association to any expense
6. ☐ To attend all games, training sessions, team meetings and other activities as organised by me team Coach and / or Manager. If for any reason I am unable to attend I will contact the appropriate team Coach and / or manager as soon as possible.
7. ☐ To pay all fees as determined by my team officials and Coffs Harbour Basketball Association by the due date.
8. ☐ To have read and agree to abide by Coffs Harbour Basketball's player code of conduct, Harassment and Bullying policy and the 2015 CHB Representative Regulations.

I understand that if I fail to abide by the above rules and regulations I may be disciplined by my team officials and/or the Coffs Harbour Basketball Management Committee, which may include suspension or withdrawal from the Coffs Harbour Basketball representative program.

Please print: \_\_\_\_\_  
Player

Signature: \_\_\_\_\_  
Player

Please print: \_\_\_\_\_  
Parent

Signature: \_\_\_\_\_  
Parent

Date:    /        /

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