**Waubra Football / Netball Club Inc**

**PO BOX 4032**

**ALFREDTON VIC 3350**

**ABN: 11523959563**

**PLAYER DETAILS:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**(If under 18 Years): Parent/guardian Details**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Code of Conduct – Players**

• Attend all training sessions, except when ill or injured. If you miss training, the team’s performance suffers because you are not getting the practice and fitness you need, and the coach may be unable to do the drills they planned to do.

• If you will not be at a game or at training, let your coach know well in advance (not just before the game or training is about to start).

• Play by the rules.

• Never argue with an official. If you disagree, have your coach follow the appropriate procedure.

• Control your temper. Verbal abuse of officials, sledging other players or deliberately distracting or provoking an opponent is not acceptable or permitted behaviours in any sport.

• Work equally hard for yourself and/or your team. Your team’s performance will benefit and so will you.

• Be a good sport. Applaud all good plays whether they are made by your team or the opposition.

• Treat all participants in your sport as you like to be treated. Do not bully or take unfair advantage of another competitor.

• Cooperate with your coach, team-mates and opponents. Without them, there would be no competition.

• Participate for your own enjoyment and benefit, not just to please your parents and/or coaches.

• Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.

I support the club in its undertakings and encourage the club to take any necessary disciplinary actions, including team imposed penalties, or suspensions and banning where warranted, of any players for repeated or serious breaches of the player code of conduct

Player Signature (or Parent/ guardian if under 18): ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_

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**MEDICAL FORM**

Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian contact Number(s) :\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph:

Do you have Ambulance Cover: Yes/No

Member No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Private Health Insurance: Yes/No Fund:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle If You Have Any Of The Following Medical Conditions:

Asthma \*\* Heart condition Diabetes Dizzy spells

Blackouts/ Fainting Epilepsy /Fitting of any type Other- Specify:

\*\* Note if players suffer asthma, all players must supply their own pump to be available at all times during training and game day.

Do You Take Any Medications Related To The Above Conditions? Please List:

Please supply any action plans that may be required to assist in case of emergency.

I hereby give permission for the above named player to play football/netball for the Waubra Football Netball Club Football Club (WFNC). In the event of injury I will not hold the WFNC responsible and authorise the officials of WFNC to arrange any medical or surgical treatment which may be deemed necessary if it is impractical to communicate with me. The WFNC strongly recommends that all players have their own ambulance cover. Player insurance only covers some of total cost, therefore any out of pocket expense is covered by the player not the club. For details of insurance coverage supplied through AFL policy is located at: [www.jltsport.com.au/AFL](http://www.jltsport.com.au/AFL) or for Netball through www.willis.com

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

(or parent/guardian if under 18)

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_