

AUTHORISATION



As a parent/parents or legal guardian of a child who is a player of the Falcons Basketball Club hereby:

- Authorise the coaches, team managers and committee members of the Falcons Basketball Club (“the Club”) and any person authorised by such persons to:
 - a) administer basic first aid treatment to my/our child in the event of illness or injury during the course of any training session, basketball game or other activity associated with the Club (including travelling to or from such event);
 - b) permit my/Our child to be given a general anesthetic and to be operated on in the case of a medical emergency if such treatment is considered necessary by a duly qualified medical practitioner during any period my/our child may be participating in any activity associated with the Club (such permission being given on the proviso that every effort will be made to contact me/us personally before any decision is taken to anaesthetise and operate).
- Acknowledge that any medical information provided to the Club is in confidence to assist the relevant coach, team managers or committee members of the Club and will not be disclosed to any person other than a medical practitioner who is consulted to treat your child.
- Agree not to make any claim or bring any legal claim against the Club, its committee, coaches, team managers and other parents or persons who are requested to assist in acting on behalf of the Club.
- Confirm understanding and acceptance of the Code of Conduct for Parents.
- Confirm my/our child’s understanding as a Player and accept the Code of Conduct for Players.
- Confirm that all information provided to the Club regarding my/our child is true and correct.
- Confirm that I agree to have my contact details published for the Clubs communication to members.
- Accept parent responsibilities as requested (eg. stadium duty, training attendance, scoring and team manager role from time to time).