



PEAK Football

Wangaratta, Victoria, 3677.

peakfootballwangaratta@gmail.com

MEDICAL HISTORY

Child's Name:		
Doctor's Name:		Medical Centre Contact Number:
Dentist Name:		Dentist Contact Number:
Medicare Number:	Private Health Fund:	Ambulance Membership Number:
Does your child currently take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:		
Is your child Allergic to any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:		
Does your child suffer from any of the following medical conditions? Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/> Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> Anaphylaxis Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a copy of your child's management plan		
Does your child suffer from any other Medical Conditions that may at times, affect their ability to participate? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:		

In order to conduct its business, PEAK is required to collect personal, health and sensitive information. PEAK will only use this information for the primary purpose for which it was collected and will store, use and disclose this information in accordance with the Privacy & Data Protection Act 2014 and the Health Records Act 2001. In addition, PEAK will comply with the Notifiable Data Breaches scheme.

Permission to seek medical treatment

In the event of injury to my child, I give permission for Coach/Team Manager in charge to seek any medical treatment required including the calling of an ambulance for my child, in the event that I am unable to be contacted. I understand that PEAK Football or any of its representatives will not be responsible for any medical expenses incurred as a result of injury to my child.

Parent/guardian's signatures: _____

Date: _____



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PERMISSION TO PARTICIPATE

Full name of child(ren) (please print): _____

I give permission for my son/daughter to participate in the PEAK Football program, which will include training and testing sessions, trips to Melbourne for education, and to play representative football for PEAK Football in any competition matches.

Full name of parent(s)/guardian(s) (please print): _____

Parent/guardian's signatures: _____ **Date:** _____

MEDIA PERMISSION

Permission to use image, video or voice of Junior Players

PEAK Football uses various forms of media to promote the academy & representative football and its activities during the program.

This may include Junior Football at Club & Representative level as well as social functions including Presentation Nights.

By signing this form, I grant permission for PEAK Football to use Photographs, video or audio recording of my child, use of my child's name and to distribute them in the following locations for the purpose of promotions and coaching:

- Printed Publications (e.g. Newspapers, Newspapers)
- Secure Internet Websites
- Publically Accessible Websites (Including Social Media Websites e.g. Facebook, Twitter, Instagram)
- Record Video for Coaching Purposes on devices such as iPad's or Tablet.

The permission will continue until I revoke permission in writing to the PEAK Football Marketing & HR Director.

Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations, in which case this will be discussed with parents.

Parent/guardian's signatures: _____ **Date:** _____

Additional optional permissions

I also grant permission for my child to be photographed/recorded and the child's full name to be used:

- by external media organisations for publication/broadcast
- To appear in representative team photographs, both individually and in a group
- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.

Parent/guardian's signatures: _____ **Date:** _____