



ILLAWARRA JUNIOR BASEBALL LEAGUE INC.



MEDICAL AUTHORITY AND RELEASE FORM

FULL NAME:
(Surname) (Given names)

ADDRESS:

SUBURB: POSTCODE:

TELEPHONE No.: MOBILE No.:

DATE OF BIRTH:

MEDICARE CARD No.:

NAME OF PRIVATE HEALTH FUND:
(if applicable)

DETAILS:

ALLERGIES:

PRE-EXISTING CONDITIONS:
(eg Asthma)

1. I/We the Parent(s)/Guardian(s) of the above named player hereby authorise the Association to:

In the case of illness or injury, which may occur in connection with his/her participation in the NSW Country Baseball Championship programme and all aspects of the team's programme, have a medical officer provide medical assistance and treatment to the player as deemed necessary.
2. I/We understand that this action is to provide prompt medical treatment and assistance and that only qualified practitioner will be engaged in such treatment in emergency.

Signed Parent/Guardian:

Date: