

Medical and consent form – Adult

Complete form in BLOCK LETTERS

Participant details

First name	Last name	<input type="checkbox"/> Male	Date of birth
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address			Postcode
<input type="text"/>			<input type="text"/>
Email	Sport and Recreation customer no.		
<input type="text"/>	<input type="text"/>		
Home phone	Mobile phone	Work phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Program details

Group booking name	Venue	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Medical information

Do you have any conditions such as allergies, diabetes, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy? Yes No

If yes, please give details

<input type="text"/>
<input type="text"/>
<input type="text"/>

Medicare number	Valid to	Position number on Medicare card
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
Next of Kin name	Next of Kin phone contact number	
<input type="text"/>	<input type="text"/>	

Special requirements and dietary needs

Please identify any special needs or requirements eg. diet, wheelchair access etc.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Optional information

Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only)

Yes No

Are you or your parents from a Non-English speaking background?

(for statistical purposes only) Yes No



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Optional information

Health care card number

Pharmaceutical benefits concession card

Pensioner health benefits card

Private health insurance fund

Number

Do you have ambulance cover? Yes No

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to Communities NSW can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Risk waiver and media consent

- a) I agree to attend the Centre to undertake all activities and/or to participate in the above program and that I will, abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating in any activity or whilst I am in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for, or arising out of, the loss of my life, or injury, damage or loss of any description whatsoever and howsoever caused which I may suffer or sustain in the course of or as a result of my participation in any activity and/or attendance at the Centre.

- b) Please tick whichever applies to you:

I consent / I do not consent to allow Communities NSW to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

Name (print)

Signature

Date

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit **www.dsr.nsw.gov.au**

01-4465 Version 2 – October 2009



Communities
Sport & Recreation