

AFL Illawarra Clubs

CLUB REGISTRATION

Medical Details

To be retained by club – all details treated confidentially

CLUB:.....

Official:.....

Player's Name:.....

Medical Condition/Allergy:.....

Contact Person in case of emergency:.....

Phone Number:.....

Medicare Number:

In cases of emergency do you authorise the club to arrange any necessary medical treatment for your child where prior notification has not been possible?

Yes

No

Signed:.....Parent/Guardian