



WHITTLESEA CITY BASKETBALL ASSOCIATION INC.

A.B.N. 92 675 241 543

P.O. BOX 37, Mill Park 3082

Email info@wcba.org.au Phone 03 94041999

Medical Release Form **Junior Championship Competition**

This form is to be completed by Parents/Guardians of all players. Once completed a copy of this form must be kept by the Team Manager in case of emergency. The original document will be kept at Mill Park Basketball Stadium.

Players Name: _____ Date of Birth: _____

Whittlesea Pacer Team and Age Group: _____

Address: _____

Telephone: H _____ Mobile: _____

Emergency Contact Name: _____

Telephone: H _____ Mobile: _____

Medicare Number: _____

Medical / Hospital Fund _____ Number: _____

Ambulance Cover (Yes / No and Number) _____

Does your child have allergies? Please specify. _____

Does your child have asthma? If so, do they have a pump? _____

I authorize the coach/manager/responsible person, to consent, where it is impractical or there is an inability to contact me, to my child receiving such medical treatment as may be deemed necessary and to call an ambulance should the need arise.

Parent / Guardian Name (Printed) _____

Parent / Guardian Signature _____ Date: _____

If no consent is given by the parent / guardian, please advise what action should be taken:-
