

**STORM NETBALL CLUB**

**MEDICAL FORM FOR SENIOR PLAYERS**

As with all sports, playing netball carries a small amount of risk of injury. All sessions involving Storm Netball Club are run under the guidance of qualified All England Netball Association coaches.

Please complete the following, and sign and return to a club coach as soon as possible. If you have any queries please do not hesitate to ask.

**NAME OF PLAYER** .....

**DATE OF BIRTH** .....

**PARENT / GUARDIAN** .....

**ADDRESS** .....

**TELEPHONE NUMBER** .....

**FAMILY DOCTOR** .....

**& ADDRESS** .....

**ANY KNOWN MEDICAL CONDITIONS** (including any current medication, and known allergies).  
**OR OTHER FACTORS:**

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**ANY EXTRA MEDICAL CONTACTS:**.....

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Consent:

- ❖ I agree to taking part in the activities of Storm Netball Club.
- ❖ I confirm, to the best of my knowledge that I do not suffer from any medical condition other than those listed above.
- ❖ I consent to travelling by any form of public transport, minibus or motor vehicle driven by a Club Coach or any player or parent attending, to any event in which the Club is participating.
- ❖ I authorise the leader of the party, or any other club official accompanying the party who may be present, to consent to such medical treatment (including inoculations, blood transfusions or surgery) which, in the opinion of a qualified medical practitioner, may be necessary during any period of time when I am with **Storm Netball Club**, and away from direct parental control and direction.

**SIGNED** .....(Parent/Guardian)    **Date** .....

*The purpose of collecting this data is to hold a database on all current STORM Club players. The data is stored in a secure area. The data will be used for STORM Netball club internal use only and will be destroyed 2 years after a member leaves the STORM Netball Club.*