



OUYEN UNITED FOOTBALL & NETBALL CLUB INC.

PO Box 43, OUYEN VIC 3490

Registration No. A0094103I

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2019 MEDICAL PROFILE

All Information on this sheet is confidential

Access to this sheet is limited to the President, Secretary, Registration Officer, Coach and Medical Staff

PERSONAL DETAILS	
SURNAME: _____	GIVEN NAMES _____
ADDRESS: _____	
BEST CONTACT NUMBER: _____	EMAIL _____
SEX M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH ___/___/___
AGE: _____	Height _____ cms
Weight: - _____ kgs	
EMERGENCY CONTACT DETAILS	
1) SURNAME: _____	GIVEN NAMES _____
RELATIONSHIP _____	
HOME PHONE: _____	MOBILE PHONE _____
2) SURNAME: _____	GIVEN NAMES _____
RELATIONSHIP _____	
HOME PHONE: _____	MOBILE PHONE _____
HEALTH CARE DETAILS	
MEDICARE NUMBER _____	
AMBULANCE MEMBERSHIP NO <input type="checkbox"/> YES <input type="checkbox"/> Number _____	
If No do you have a Health Care Card NO <input type="checkbox"/> YES <input type="checkbox"/> Number _____	
<u>Ambulance Transportation can be expensive – Membership is recommended as Ouyen United Football & Netball Club Inc. WILL NOT be responsible for any costs. Forms are available at the Newsagent or join online www.ambulance-vic.com.au or phone 1800 64 84 84</u>	
PRIVATE DOCTOR _____	PHONE NUMBER _____
CAN DOCTOR BE CONTACTED AT ALL TIMES ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PRIVATE DENTIST _____	PHONE NUMBER _____
CAN DOCTOR BE CONTACTED IN AN EMERGENCY ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
CURRENT HISTORY	
Current Medical Problems	
Regular medications including supplements, stating name and dosage	
Allergies <input type="checkbox"/> Nil Known <input type="checkbox"/> Yes –please list	
Sports injuries(Please list any injury which is current/recurring or requires surgery)	

PAST HISTORY

Have you ever had

Epilepsy Yes No
Hepatitis A Yes No
Hepatitis B Yes No
Diabetes Yes No
Heart Problems Yes No
Heart Murmur Yes No
Asthma Bronchitis Yes No
Hernia Yes No
Concussion Yes No

Do you wear....

Glasses Yes No
Contact Lenses
Soft Yes No
Hard Yes No
Protective Equipment
Yes No
Mouth Guard
at training Yes No
at Competition Yes No
Other Yes No

Have you sustained....

A fracture in the last 3 years
Yes No
If Yes, where? _____
A dislocation Yes No
If Yes, where? _____
Do you suffer from....
recurring pain in any joint with play/
practice? Yes No
if yes, which joint/s?
Back/Neck Pain Yes No

Have you ever been treated for a head, neck or spinal injury? Yes No

DETAILS

DOES THIS CONDITION AFFECT YOUR PERFORMANCE? Yes No If yes, how?

CONSENT

- I understand the Sunraysia Football & Netball League competition will be played under the rules as set by AFL Vic Country in accordance with AFL Vic Country guidelines.
- I also understand football is a contact sport and there is a risk of injury involved in playing football
- I authorise any official from Ouyen United Football & Netball Club in charge of the Football event/competition/program, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary. Every effort will be made to contact next of kin.

INDEMNITY

- Except where provided or required by law and such cannot be excluded, I agree Ouyen United Football & Netball Club Inc. and its respective committee, members and volunteers are absolved from any liability however arising from injury or damage to me, however caused, from participating in the Mallee Football League.
- I have read and understood and agree to the above terms
- **To the best of my knowledge, all information contained on this sheet is correct .(if under 18 please have parent or legal guardian sign)**

Parent/guardian to sign

Signed: _____

Date _____

Parent /
Guardian Name

I consent/do not consent to my child being photographed. I understand that these photos may be uploaded to the clubs website, social media page or used for various other publicity reasons, including but not limited to print media.

Initial _____

All players must sign and return this form before playing.