

# Medical and consent form



## Participant details

First name \_\_\_\_\_

Last name \_\_\_\_\_

Gender F or M \_\_\_\_\_ Date of birth \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Mobile \_\_\_\_\_

## Medical information

Do you have any medical conditions including allergies, diabetes, heart condition, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy?

Yes / No

If yes, please give details

\_\_\_\_\_  
\_\_\_\_\_

Medicare number \_\_\_\_\_ Valid until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position number on card \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

## Special requirements and dietary needs

Please identify any special needs or requirements not listed above e.g. diet, wheelchair access etc.

\_\_\_\_\_

### 1. Consent

I consent to participating in Tennis Townsville's Cardio Tennis fitness and tennis workouts (including allwarm-up, game play, and cool down activities). I acknowledge that I am fit and able to participate in the Cardio Tennis workout and there are no health issues or existing conditions that will affect my participation.

### 2. Collection and storage of information

I acknowledge and agree that, subject to Tennis Townsville and Tennis Australia Limited ("Tennis Australia") complying with applicable privacy and health records legislation Tennis Australia and Tennis Townsville may collect and store my personal information, and contact me using my personal information to advise me of promotions, events, special offers and other like activities offered by Tennis Australia or its stakeholders.

Except where permitted or required by law, or where your consent is obtained, this information will not be disclosed to third parties. I consent to Tennis Townsville providing Tennis Australia with my personal information for uses contemplated above.

### 3. Consent to emergency treatment and transport

I acknowledge and agree that tennis is a physical sport and that there is risk of injury in playing tennis and participating in the Cardio Tennis workout. I consent to any employee, official, agent or representative of Tennis Townsville obtaining on my behalf and at my expense any emergency medical assistance, treatment and transport as deemed reasonably necessary.

### 4. Acknowledgement and release

In consideration of Tennis Townsville permitting me to participate in the Cardio Tennis workout, I release and discharge, on behalf of myself (and heirs and legal representatives), Tennis Townsville, Tennis Australia and the owner of the premises upon which the Cardio Tennis workout is conducted (and their respective officers, directors, employees and representatives), of and from any and all claims, demands, suits, damages, liabilities, costs (including legal costs), losses and injury I may suffer or sustain, by negligence or otherwise, to the fullest extent permitted by law in connection with any Cardio Tennis workout and related activities in which I am involved.

### 5. Revocation of consents

I may acknowledge that I may only revoke the consents in clauses 1 to 3 by providing Tennis Townsville with 14 days prior written notice.

### 6. Consent to use image

In consideration of participating in Cardio Tennis, consent is given to Tennis Townsville to take, retain and reproduce any image obtained during participation in the activity, in photographs and electronic images for the purposed of any Tennis Townsville promotional, advertising, research or marketing materials.

## SIGNED AS AN AGREEMENT

I have read, understood and agree to be bound by the above terms and conditions, and to give the above consents and release.

Name \_\_\_\_\_

Signature \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT (required if athlete is less than 18 years of age)

I have read, understood and agree to my child/ward being bound by the above terms and in consideration of my child/ward participating in Cardio Tennis activities, I give the same consents and release above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## OFFICE USE ONLY

Amount Paid \_\_\_\_\_ Receipt No \_\_\_\_\_

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_