



## TRAINING & TALENT IDENTIFICATION CAMP 2018

### PARTICIPANT MEDICAL INFORMATION & INDEMNITY FORM

**All sections of this form must be completed in full & returned prior starting any activity or participation will not be permitted (one child per form please)**

PARTICIPANTS NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_  
PARENT/ GUARDIAN NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PARENT MOBILE: \_\_\_\_\_

#### **WAIVER AND RELEASE:**

This is a legal document that affects my son / daughter / guardian's rights. I acknowledge that my participation in the activities described in "**Annex A**" is a recreational sporting activity that involves some degree of physical exertion and a degree of physical risk. I am participating for the purpose of recreation, enjoyment and leisure.

I am informed, and I acknowledge that participation and the activities described in **Annex A** may contain some risky activity involving unpredictable and unforeseeable risks of harm. This harm includes death or personal injury.

I willingly assume the risk of participating in the exercises, training program and all other activities described in **Annex A**. I have provided the Brisbane Lions AFC with all relevant and necessary information that relates to my physical health and capacity to participate in strenuous exercise.

I understand that if the Brisbane Lions AFC were not provided with all relevant and necessary information about my health and capacity, they would not be able to fully appreciate the risk of harm or injury to me in providing instruction and in allowing me to participate in this activity. I willingly provide the following waiver on behalf of my son / daughter / guardian:

- a) I do not hold the Brisbane Lions AFC or their employees or agents legally responsible for injuries I suffer on their premises or using their equipment or participating in their training activities or programs.
- b) I undertake not to sue the Brisbane Lions AFC or their employees or agents for any claims, costs, damages or other liabilities they may have for injury suffered by me and I acknowledge that this waiver represents a legal release and discharge of legal responsibility to the Brisbane Lions AFC or their servants or agents. It is provided in exchange for the goods and services acquired by me.
- c) I have been informed and I accept that I may also be assuming a role involving responsibility for the safety of others participating in the activities described in Annex A. This means I will accept responsibility for the safety of another person and if an injury occurs as a result of my careless act, omission or negligence then I fully assume responsibility for any harm done and
- d) I do not hold the Brisbane Lions AFC concurrently responsible.

## ANNEX A – Academy Training Camp

Will involve: Running, Jumping, Bumping, Hand Passing, Kicking, Marking, Tackling

### MEDICAL INFORMATION:

Please tick the appropriate box for each question and must be completed by the Parent/Guardian of the participant. If you are unsure of your response, please refer to your medical practitioner.

#### SECTION A - Does the participant have / or has ever had:

- |                                |          |
|--------------------------------|----------|
| • Any heart condition          | Yes / No |
| • Chest pain / tightness       | Yes / No |
| • Diabetes                     | Yes / No |
| • Dizziness or fainting        | Yes / No |
| • Epilepsy                     | Yes / No |
| • Glandular fever              | Yes / No |
| • Heart murmur                 | Yes / No |
| • High blood pressure > 140/90 | Yes / No |
| • Liver or kidney condition    | Yes / No |
| • Palpitations                 | Yes / No |
| • Rheumatic fever              | Yes / No |
| • Stroke                       | Yes / No |

If you circled yes for any of the above, please provide details below. A clearance letter from your usual medical practitioner will also be required to accompany this document to allow participation.

#### SECTION B - Does the participant experience / or has ever experienced:

- |   |          |
|---|----------|
| • Asthma or unusual shortness of breath | Yes / No |
| • Back pain                             | Yes / No |
| • Muscular pain / cramps                | Yes / No |
| • Broken bone/s                         | Yes / No |

If you circled yes for any of the above, please provide details below:

#### SECTION C - Does the participant have / or has had

- |  |          |
|--|----------|
| • Any major sporting / personal injuries?                            | Yes / No |
| • Been hospitalized within the last 2 years?                         | Yes / No |
| • Have / had any infectious diseases?                                | Yes / No |
| • Is the participant on any prescribed medication?                   | Yes / No |
| • Any conditions which may limit activity / be worsened by exercise? | Yes / No |

If you circled yes for any of the above, please provide details below:

**PHOTO PERMISSION:**

To promote junior football, the Academy and Brisbane Lions AFC we will have a photographer taking photos at the Hyundai Lions Academy Training & talent ID Camp. We would like to use these photos on the Brisbane Lions website, social media and other Brisbane Lions publications and promotional material.

Participant Name: \_\_\_\_\_ Permission to be photographed: Yes / No

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I DECLARE to the Brisbane Lions AFC that :

- I understand and accept the Waiver & Release information
- I have answered the above medical information questions truthfully and to the best of my ability on behalf of the minor participant
- I recognize and accept that the Brisbane Lions AFC is not able to provide the participant with medical advice with regard to the suitability of participating in the activities.
- I consent for my child / guardian's name and/or photo to be published on the Brisbane Lions website, social media and any other Brisbane Lions publications and promotional material in future years with no financial or personal benefit associated with this.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

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Return completed form to **LUKE CURRAN** (Academy Manger) via the following details:

EMAIL: lcurran@lions.com.au

POST: Lions Academy Training Camp  
PO Box 1535  
Coorparoo D.C. QLD 4151

*The Brisbane Lions has a Privacy Policy. Where we collect your personal information, we will act in accordance with that policy. Please contact us via : 07 3335 1777 / [www.lions.com.au](http://www.lions.com.au) / [privacy@lions.com.au](mailto:privacy@lions.com.au) to request a copy of our Privacy Policy.*