

BRISBANE LIONS AUSTRALIAN FOOTBALL CLUB

THE GABBA LEVEL 5, 812 STANLEY ST WOOLLOONGABBA QLD 4102
PO BOX 1535 COORPAROO DC QLD 4151
PHONE 07 3335 1777 FAX 07 3891 1222 ABN 43 054 263 473

www.lions.com.au
membership@lions.com.au

PARTICIPANT REGISTRATION & MEDICAL INFORMATION FORM

ALL SECTIONS MUST BE COMPLETED IN FULL
OR PARTICIPATION CANNOT BE PERMITTED

PARTICIPANTS NAME:
DATE OF BIRTH: GENDER:
PARENT/ GUARDIAN:
ADDRESS:
PHONE NUMBER: MOBILE:
EMAIL:

The Brisbane Lions has a Privacy Policy. Where we collect your personal information we will act in accordance with that policy. Please contact us on 3335 1777, www.lions.com.au or privacy@lions.com.au to request a copy of our Privacy Policy.

W A I V E R A N D R E L E A S E

This is a legal document that affects my rights. I acknowledge that my participation in the activities described in Annex A is a recreational 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. My parent or guardian willingly provides the following waiver:

- 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 I do not hold the Brisbane Lions AFC concurrently responsible. I warrant not to participate while intoxicated or affected by drugs.

SIGNED: _____ NAME: _____ DATE: _____

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To promote the Brisbane Lions we will have a photographer taking photos at all our school holiday clinics. We would like to use these photos on the Brisbane Lions website and other Brisbane Lions publications and promotional material. Please fill out the following consent form to allow your child's photo to be published.

I hereby consent for my child's name and photo to be published on the Brisbane Lions website and any other publications or promotional material that the Brisbane Lions produce in relation to this promotion.

Childs Name:

Guardians Name:

Guardians Signature:

Date:

ANNEX A

Training Activity

Light Running, Hand, Passing, Kicking Marking

**Please tick the appropriate box for each question.
If you are unsure of your response, please refer to your medical practitioner.
Must be completed by the Parent/Guardian of the participant if under 18 years.**

SECTION A

Does the participant have / or has ever had:

Yes

No

- Any heart condition
- Chest pain / tightness
- Diabetes
- Dizziness or fainting
- Epilepsy
- Glandular fever
- Heart murmur
- High blood pressure > 140/90
- Liver or kidney condition
- Palpitations
- Rheumatic fever
- Stroke

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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SECTION B

| Does the participant experience / or has ever experienced: | Yes | No |
|--|--------------------------|--------------------------|
| ▪ Asthma or unusual shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Muscular pain / cramps | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION C

| | Yes | No |
|---|--------------------------|--------------------------|
| ▪ Does the participant have / or has had any major injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the participant smoke cigarettes / pipes / cigars? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Has the participant been hospitalised within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the participant have / or has had any infectious diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is the participant on any prescribed medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Are there any conditions which may limit activity or be worsened by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT Where **YES** has been indicated in the above questions some of the activities listed in Annex A of the Waiver and Release may be unsuitable for your participation. A clearance letter from your usual medical practitioner is required to accompany this document.

*** Where **YES** has been indicated in Sections A / B / or C, please provide full details of any injuries, medical conditions and / or medications which may influence your ability to exercise:

I **DECLARE** to the Brisbane Lions AFC that I have answered the above questions truthfully and to the best of my ability on behalf of the minor participant. I recognise and understand 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 understand the above advice.

SIGNED: _____ **NAME:** _____ **DATE:** _____