

Medical and consent form

Adult

Participant details

Surname

Given names

Address

Postcode

Name of organisation

NSW Sport and Recreation customer no.

For statistical purposes only:

Date of birth

 / /

Age

Male

Female

Are you of Aboriginal or
Torres Strait Island descent?
 Yes No
Are you or your parents from a
Non-English speaking background?
 Yes No

Program details

Program type *(please circle)*
 Community / Holiday / Corporate / Sporting / Recreation / Other

Program number (if known)

Venue

Program dates (from)

 / /

(to)

 / /

Special/Dietary needs

Please identify any special needs or requirements *(eg. diet, wheelchair access etc.)*

Medical information

Does the participant suffer from any of the following?

- Any allergic condition* (including food allergy)
 A disability or chronic illness
 A current illness eg. flu
 Epilepsy, fits or blackouts
 Diabetes
 Other _____
 Skin condition
 Asthma (include asthma plan)* _____

If yes to one or more, please give details *(attach sheet if required)*

Medicare number

Position number
on Medicare card

Health care card number

Pensioner health benefits card

Pharmaceutical benefits concession card

Private health insurance fund

Number

Do you have ambulance cover? Yes No

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Risk waiver

Program name

Program date

Venue

I wish to attend the above mentioned program.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am enrolled with the program.

I understand that although TSR and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

Signature

Date

Media consent

I agree to allow NSW Sport and Recreation to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of the department's services and initiatives to the media and to the general public.

Signature

Date

Privacy statement

The NSW Department of Tourism, Sport and Recreation of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for Centre programs. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure.

If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only.

Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.

Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

For more information call

13 13 02

www.dsr.nsw.gov.au

