

# DECLARATION

I, the applicant, or parent or legal guardian of the applicant, hereby acknowledge and declare for myself, my heirs, executors and legal representatives that, in relation to

(STATE PLAYER/S FULL NAME/S): \_\_\_\_\_

(One form may be used for more than one player if the players concerned are juniors AND immediate family, otherwise separate forms are required)

1. I have been advised by the association and understand the risks of Hepatitis B and HIV infection and undertake that the above player/s will provide and use their own personal drink container and towel, each marked with their name.

2. **I have the following condition / allergy which could affect medical assessment or treatment**

(specify which player the condition relates to)

3. The above player/s has/have not knowingly used any drugs or substances for the purpose of enhancing performance and I acknowledge that they may be tested at any time by the Australian Sports Drugs Agency (prohibited substances include anabolic steroids, beta-blockers, stimulants, such as caffeine, narcotics/analgesics, such as codeine, pseudoephedrine found in medicine for colds and flu, and diuretics) – refer DRUGS HOTLINE: 1800 020 506. I GIVE PERMISSION FOR DRUG TESTING TO BE UNDERTAKEN BY ASDA in relation to the above player/s in terms of recognized testing standards, should the above player/s be selected for testing.

4. In the event of any illness and/or accident, I hereby authorise and direct the association and/or its authorised representatives to seek and obtain all necessary medical and/or surgical treatment as may be required and I accept the responsibility for payment and/or reimbursement of all medical expenses incurred on my behalf by the association.

5. I undertake that I/the above player/s will observe all regulation and by-laws of the association and shall comply with all reasonable directions and decisions of its officials and instructors.

6. I hereby acknowledge that a condition of entry to the event is that I will indemnify and keep indemnified the association, its committees, trustees, servants, agents, instructors or members against any liability arising from my participation in the event or from any pre-event training and preparation or other activity related to the event and from travel to and from the event or activities.

I, \_\_\_\_\_ being the APPLICANT / PARENT / LEGAL GUARDIAN OF THE APPLICANT, hereby acknowledge and declare that I have read and fully understand the terms and conditions set out in the application and consent to be bound by such conditions.

Signed \_\_\_\_\_ Applicant / Parent / Legal Guardian (Circle as appropriate)

***FOR CATERING PURPOSES CAN YOU PLEASE INDICATE IF YOU WILL BE ATTENDING THE BBQ (Please circle)***

YES: *Number of Adults* \_\_\_\_\_

*Number of Children* \_\_\_\_\_

NO