

Medical and consent form



Participant details

Cardio Tennis Venue _____

First name _____ Last name _____

Gender F or M Date of birth _____

Postal address _____

Suburb _____ State _____ Postcode _____

Email _____ Contact Number: _____

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

Emergency Contact Name _____ Contact Number _____

Special requirements

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

Tim Bigg trading as TBTA Pty Ltd ABN: 97 135 542 782 ("CT Coach") conducts the Cardio Tennis program and I agree that:

1. Consent

I consent to participating in CT Coach's Cardio Tennis fitness and tennis sessions (including all game play, warm-up and cool down activities). I acknowledge that I am fit and able to participate in the Cardio Tennis session and there are no health issues or existing conditions that will affect my participation and I will promptly advise CT Coach of any health issue or other condition that arises that may affect my participation in any manner whatsoever.

If a Cardio Tennis participant is pregnant they should consult their obstetrician or GP to discuss whether Cardio Tennis is suitable. Each Head Cardio Tennis Coaches MUST make it clear to all participants that it is each participant's own responsibility to consult with their doctor to ensure they are physically able to participate in the Cardio Tennis Program.

2. Collection and storage of information

I acknowledge and agree that, subject to CT Coach and Tennis Australia Limited ("Tennis Australia") complying with applicable privacy and health records legislation, CT Coach and Tennis Australia 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 CT Coach 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 session. I consent to any employee, official, agent or representative of CT Coach 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 CT Coach permitting me to participate in the Cardio Tennis session, I release and discharge, on behalf of myself (and heirs and legal representatives), CT Coach, Tennis Australia and the owner of the premises upon which the Cardio Tennis session 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 injuries I may suffer or sustain, by negligence or otherwise, to the fullest extent permitted by law in connection with any Cardio Tennis session and related activities in which I am involved.

5. Revocation of consents

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

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: _____ Date: _____

Signature: _____

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 the Cardio Tennis session, I give the same consents and release above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HEAD CARDIO COACH (to be completed by the Head Cardio Tennis Coach)

Coaches must provide a copy of this form to Tennis Australia (as per the Cardio Tennis coach terms and conditions) by either of the following methods;

Email: Cardio@Tennis.com.au Fax: (03) 9650 1040 Post: Cardio Tennis Private Bag 6060 Richmond Vic 3121.

Head Cardio Tennis Coach Name _____ Date Sent _____

TENNIS AUSTRALIA OFFICE USE ONLY

Date Received _____ Received by _____

Comments: _____