# Medical Consent

As part of your registration, you are covered by the Australian Cricket National Club Insurance Program. The complete policy is obtainable for viewing from the club president, Mr John Edgar.

This policy is designed to reduce the medical costs of the association/club and it’s players, officials, volunteers, trainers, coaches, umpires, directors, officers, committees, sub committees, members and work experience students, in the event of an injury being obtained during training or game days.

The Burwood Cricket Club, consisting of co-coordinators, coaches and team managers etc, do so as a volunteer group, and although all reasonable care shall be taken, do not accept responsibility for the player on training days or match days.

As a parent, you must be aware that it is expected that you shall at all times be responsible for your child at training days and match days. It is expected that in the event you cannot be present to supervise your child, you will nominate a guardian and make all necessary arrangements for contact in the event of emergency.

Please read the paragraph below and sign, registration will not be complete until the Club receives this form.

Consent:

*"I agree that my child will be subject to the direction and control of the coach and team manager, and I expect my child to obey all reasonable rules and directions governing safety and behaviour.  In the event of illness or accident to my child I will be notified as soon as possible, but I authorise the person in charge to administer first aid to my child and if it is impracticable to communicate with me, I consent to my child receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a paramedic or legally qualified medical practitioner.  I understand that all reasonable care for the safety and health of my child will be taken by the persons in charge.  I agree to pay all fees and expenses incurred, including those for transportation and hospital accommodation."*

*Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent/Guardian’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of alternate person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*to be contacted in emergency*

*Telephone number of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*emergency contact*