

**DIAMOND CREEK FORCE NETBALL ASSOC
PO BOX 321 DIAMOND CREEK 3089**

MEDICAL CONSENT

I hereby give my permission for my child to receive any medical treatment deemed necessary in the event of an emergency arising through their participation in any netball activity through the Diamond Creek Force Netball Association.

Please advise the following:

- 1 Any medication your child may be on? Yes/No í
- 2 Does your child suffer with asthma? Yes/No í
- 3 Is your child allergic to any medication? Yes/No (please state)í í í í í í í í í í í í í í í
- 4 Is your child allergic to any tape or strapping? Yes/No í .
- 5 Do you have ambulance cover? Yes/No Subscription No: í í í í í í í í í í í í í

PLAYER/PARENT CODE OF CONDUCT

I agree to abide by Netball Victoria Codes Of Conduct (Player/Parent/Spectator)

I agree to:

- Participate for fun and enjoyment.
- Respect and support my coach and team officials.
- Accept umpiring decisions without questioning.
- Demonstrate self discipline- control my emotions and temper with my team mates and opposition.
- Never use aggressive behaviour or abusive language.
- Accept responsibility for my actions.
- Attend every session/match unless I have personally contacted my coach.
- Support necessary fundraising activities.
- Wear correct uniform at all times
- Deal with any dispute using the appropriate process, put any grievance in writing to the Committee of Diamond Creek Force Netball Association.
- Represent Diamond Creek Force with pride and sportsmanship.

I agree for my child's photo to be used for promotional purposes by the club on the website or by any other media outlet. YES / NO (Please delete this section if you do not wish your child's photo to be used on the clubs website)

SIGNED (Parent/Guardian)_____Player_____

DATE_____

THE INFORMATION COLLECTED ON THIS FORM WILL REMAIN CONFIDENTIAL