



## MEDICAL FORM

### PRIVATE AND CONFIDENTIAL

**TO BE COMPLETED BY A MEDICAL PRACTITIONER (only if the player has prescribed medication or has not previously competed at VEWSA.)**

I ..... certify that .....  
*(Name of Medical Practitioner)* *(Name of Player)*

has .....  
*(Name of Disability)*

and is currently taking the following prescribed Medication/s

.....  
.....  
.....

Treating Hospital: ..... Emergency Contact Phone: .....

Signature: ..... Date: ...../...../.....  
*(Medical Practitioner)*

Additional Information (Allergies etc.):

.....  
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#### NOTES

1. It is the responsibility of the player to inform VEWSA of any update to their medical forms.
2. If a player is on prescribed medication, a medical practitioner is required to sign the medical form and relevant information above.
3. Players who have not previously been involved with VEWSA are required to fill out the medical form and submit it in order to participate in matches and social activities provided by VEWSA.

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#### ACCEPTANCE OF RISK AND RELEASE OF CLAIMS

I acknowledge that I participate in the VEWSA Competitions at my own risk; I will take all reasonable measures to protect myself and other competitors, officials and spectators from suffering injury or other harm. I also acknowledge that I am responsible for updating the information on my medical form and informing the VEWSA committee of any changes.

Signature: ..... Date: ...../...../.....  
*(Parent or legal guardian if under 18 years old)*