



Player Medical Information

Player's Name:	Birth date / /
Father/ Guardian Name:	
Mother/ Guardian Name:	
Parent's Mobile:	Home Phone
Emergency Telephone/Contact:	

Medical Condition	We advise the following details of any stabilizer, drug, or ordinary physical or medical concerns appropriate to the above player	
Epilepsy	yes/no	
Fainting/dizzy spells (sudden loss of consciousness)	yes/no	
Heart condition	yes/no	
Diabetes	yes/no	
Ear disorder (particularly drainage tubes or deafness)	yes/no	
Respiratory disorder (particularly asthma)	yes/no	
Allergies (particularly insect bites and stings)	yes/no	
Other relevant medical medical, eg. Asthma	yes/no	

I authorise the Baseball SA Coaching Staff, Directors , employees, or contractors to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.
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Athlete's Name: _____ Signature _____

Parent's Name: _____ Signature _____

(ONLY REQUIRED IF ATHLETE IS UNDER 18)

Date: ____/____/____

Please Return to your Coaches at your first training session or post, fax or email to;

Baseball South Australia 3 Orange Lane, Norwood SA 5067

Fax 08-83310505 or email admin@baseballsa.org.au