

Team Victoria

Taekwondo Victoria Inc.

APPLICATION FOR JANUARY 2010 POOMSAE TRAINING CAMP

NAME _____ D.O.B. _____

TEAM VICTORIA MEMBERSHIP NUMBER _____

TAEKWONDO AUSTRALIA REGISTRATION NUMBER _____

ADDRESS _____

PHONE _____ MOBILE _____

EMAIL _____

CLUB _____

HEAD INSTRUCTOR _____

I wish to apply for the Team Victoria Training Camp, to be held on Saturday 30th and Sunday 31st January, 2010. As a member of Team Victoria, I undertake to participate in all of the required sessions to the best of my ability. I will notify the instructors / coaches immediately should I be injured, or should anything such as illness arise to interfere with my full participation at the camp. I have completed the medical report (overleaf) in full detail. I acknowledge that this information is private in nature, and will only be distributed to those coaches and officials that are working directly with me as and if required. Information on this form may, in the case of an emergency, also be shared with ambulance and/or medical personal.

SIGNED _____ DATE _____
Member

I / we support this application

SIGNED _____ DATE _____
Parent / Guardian (if under 18)

This application to be returned to Team Victoria no later than January 26th, 2010.

via post to: 21 Mayfair Ave,
Lower Templestowe 3107,

or via email to: technicaldirector@tkdvic.com.au

Camp Fee of \$20 can be paid on the day, or by money order with the application form.

Applications close on Wednesday 27th January, 2010.

MEDICAL REPORT

APPLICANT'S FULL NAME DATE OF BIRTH

FULL NAME OF EMERGENCY CONTACT (PARENT/GUARDIAN/PARTNER)

ADDRESS OF EMERGENCY CONTACT
STREET

SUBURB POSTCODE

EMERGENCY CONTACT HOME PHONE WORK / MOBILE PHONE

NAME OF FAMILY DOCTOR

ADDRESS OF FAMILY DOCTOR
STREET

SUBURB POSTCODE

DOCTOR'S PHONE MEDICARE NUMBER

HOSPITAL INSURANCE FUND CONTRIBUTION NUMBER

PLEASE TICK IF APPLICANT SUFFERS FROM ANY OF THE FOLLOWING:

<input type="checkbox"/> Asthma (A)	<input type="checkbox"/> Blackouts (Bl)	<input type="checkbox"/> Diabetes (Db)
<input type="checkbox"/> Dizzy Spells (DS)	<input type="checkbox"/> Fits of any type (F)	<input type="checkbox"/> Heart Condition (H)
<input type="checkbox"/> High Blood Pressure (Bp)	<input type="checkbox"/> Migraine (M)	<input type="checkbox"/> Travel Sickness (TS)
<input type="checkbox"/> Back Injury (Bi)	<input type="checkbox"/> Joint Injury (J)	<input type="checkbox"/> Muscular Injuries (Mu)
<input type="checkbox"/> Neck Injury (N)	<input type="checkbox"/> Mental disability (Mt)	<input type="checkbox"/> Other (please specify)

DETAILS

PLEASE TICK IF APPLICANT IS ALLERGIC TO ANY OF THE FOLLOWING:

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other Drugs	<input type="checkbox"/> Any Foods	<input type="checkbox"/> Other Allergies
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DETAILS

WHAT SPECIAL CARE IS NEEDED?

IS THE APPLICANT TAKING ANY MEDICATION?
 Yes No Type:

CONSENT TO MEDICAL ATTENTION

I, (print name) being the Applicant/Parent/Guardian authorise the instructor in charge of training to give consent in the event of an emergency and/or where it is impractical to communicate with me, for the Applicant to receive such medical treatment as may be deemed necessary.

I also authorise the instructor to apply first-aid as required from time-to-time and to administer band-aids and paracetamol as required.

SIGNED DATE

PRIVACY STATEMENT

This form is to be completed in full by the Applicant or by the Parent/Guardian if the Applicant is under 18 years of age.

It is essential that all known details of pre-existing injuries, allergies or other medical conditions are declared on this form.

The applicant supplies this information under the following conditions:

All information will be held in strictest confidence.

Member contact details will be used internally for team business.

Student contact details will not otherwise be shared with any third party organisations, without first contacting the student in question.

At the discretion of the Coach / Instructor, some medical information may be advised to other Instructors within the team. This will occur where it is deemed necessary that they be aware of conditions, allergies or injuries which might effect the student's performance or limit their capacity to take part in certain activities, or which may be aggravated by certain exercises.

Information on this form will also be shared with ambulance and/or medical personnel in the case of an accident or other medical emergency.