O'Halloran Hill Tennis Club Inc.

PO Box 12, O'Halloran Hill SA 5158
Telephone: Clubroom 8322 3336
Competitions Coordinator: 0422 004 570

EMERGENCY INFORMATION AND CONTACT NUMBERS – SENIOR PLAYERS

Player's Name: _____ _____ (Please print clearly)
First name Last name

Address: _____

Telephone**:** Home:_____ Mobile:_____

Alternative Contact Information:

Name:_____ Telephone:_____

Relationship to player:_____

Emergency Medical Contact:

If you become unwell or are injured, medical attention may be sought if needed. Please provide name, address and telephone of any medical person currently treating you, who may have some information that may help emergency services.

Name:_____ Telephone:_____

Address: _____

Medical Alert Number (if applicable) _____ Ambulance Membership Number _____

NOTE:
In the event that you require emergency ambulance transport and you do not have health insurance/ambulance cover, you will be charged the transportation cost – the O'Halloran Hill Tennis Club is not responsible for this cost.

******** ***Please indicate that you have read this note by initialling in the box:*** ☐

Yes No

Do you have any known allergies or special conditions requiring treatment? ☐ ☐

If 'Yes': Condition_____

Treatment_____

_____

Please note: Any medication required should be supplied by you and be with you at all times.

Any other comments: _____

_____

Privacy Statement: The information contained herein will only be available and accessed in the case of a medical emergency, by authorised O'Halloran Hill Tennis Club personnel, to ensure that you receive the appropriate medical attention.

I confirm that the above information is correct.

Player's Signature _____ Date: _____ / _____/_____