



Name –
Address -
DOB –
Email -
Aboriginal / Torres Strait Islander - YES / NO
Disability Details –
AFL Team you support –
Over 40? Players over 40 need a medical clearance (Club to keep with medical form) –
What School do / did you attend?
If the player attended Mainstream School – Did / Do they have a Teacher’s Aide?
School / year level (Can put “Not Applicable” if player is Adult)
Is the player supported by a pension?
Emergency Contact/s –

MEDICAL INFORMATION – PRE-EXISTING CONDITIONS

<p>Does the participant have any pre-existing medical conditions of which the Club or FIDA should be aware?</p> <p><input type="checkbox"/> Yes: If yes please tick and provide details.</p> <p><input type="checkbox"/> No</p>							
	<table border="1"> <tr> <td>Musculoskeletal Condition</td> <td></td> </tr> <tr> <td>Abnormal Blood Pressure</td> <td></td> </tr> <tr> <td>Cardiovascular Condition</td> <td></td> </tr> </table>	Musculoskeletal Condition		Abnormal Blood Pressure		Cardiovascular Condition	
Musculoskeletal Condition							
Abnormal Blood Pressure							
Cardiovascular Condition							



	Respiratory Condition	
	Joint Surgery	
	Neurological Condition	
	Epilepsy	
	Skin Condition	
	Asthma	
	Anaphylaxis	
	Diabetes	
	Other Medical Condition	
	Are there any movements that should be avoided by the participant?	

MEDICAL INFORMATION – ALLERGIES AND MEDICATION

<p>Does the participant have any ALLERGIES of which the Club or FIDA should be aware?</p> <p><input type="checkbox"/> Yes: If yes please tick and provide details.</p> <p><input type="checkbox"/> No</p>		
	Allergy	
<p>Is the participant on any MEDICATIONS of which the Club or FIDA should be aware?</p> <p><input type="checkbox"/> Yes: If yes please tick and provide details.</p> <p><input type="checkbox"/> No</p>		
	Medication/s	
<p>Is there any other relevant information which may affect treatment in an emergency?</p> <p><input type="checkbox"/> Yes: If yes please tick and provide details.</p> <p><input type="checkbox"/> No</p>		
	Please advise	



PRIVACY

The primary purpose of FIDA obtaining the information contained in this form is in relation to your application for your Player Registration. FIDA may also use your information for a purpose that is associated with its Player Registration program and other purposes agreed to by you, as well as in accordance with the AFL privacy policy. FIDA will take reasonable steps to protect your personal information from misuse or unauthorized disclosure. To access the AFL Privacy policy please visit www.afl.com.au/privacy

- I do not want to receive information directly from FIDA including promotional materials.
- Photo Consent: FIDA may use images of participants taken in games for marketing and promotional purposes on their website, social media platforms or in promotional material.
- Publication Approval: Team lists and participant stats are publicly accessible via PlayHQ and League websites. In accordance with the Australian Football Privacy Policy which can be accessed via www.afl.com.au/privacy.

Participant's Name: _____

Participant's Signature: _____

Date: _____