



TABLE TENNIS NEW SOUTH WALES INC

The following information is requested in the interests of player welfare at the 2023 National Veterans Champs. It will be held in confidence by the Team Manager(s) and will ONLY be referred to in the case of an emergency.

PLAYER DETAILS

Personal Details: NAME: _____

PHONE NO(s) H _____ Mob _____

Date of Birth: _____ Gender: _____

Next of Kin Details NAME: _____

PHONE NO(s) H _____ Mob _____

Player's Doctor NAME: _____ PHONE NO _____

Player's Medicare No _____

Player's Health Fund & Cover: _____

Is the player Covered by ambulance cover? YES/NO (Please circle)

COVID Vaccination None 1st Dose 2nd Dose Booster (Please circle)

The Player has the following health issues the Manager should be aware of:

1. Medical Conditions: _____

2. Allergies (including drug allergies eg penicillin) : _____

3. Do you have an Epi Pen? YES/NO (Please circle)

4. Blood Type: _____

5. Date of last Tetanus injection? _____

ANY ADDITIONAL INFORMATION:

I absolve TTNSW and NSW Veterans TT Assoc from any responsibility, due to injury and illness during my participation in the Australian Veterans Championships to be held at the Netball ACT Stadium in Oct 2023.

NAME: _____

SIGNED: _____

DATE: _____