



Carnival Travel Consent Form

For players who do not have their parents travelling/accompanying them on the trip/carnival.

In consideration of the West Adelaide Bearcats Basketball Club Inc. (hereinafter called 'the Club')

Selecting playerof *Under**boys/girls* Team, hereinafter called 'the player') as a member of the Club's contingent to travel, to participate in activities, games, training sessions or functions during the period

from **day + date**of...**month**..... in the year**year**.....until...**day + date**.....of**month**..... in the year...**year** .until the player returns back to their place of residence

I ofhereby undertake to indemnify 'The Club, its officers, servants or agents or anyone of them against all damages, costs, claims or demands which may be made against them or anyone of them in respect of or arising out of the participation of the player in the**name of Carnival**.....Tournament whether such claim be by or on behalf of the player or any other person.

I also agree that 'The Club', its officers, servants and agents shall be free and clear of all responsibility to me or any other person whatsoever for any accident or illness of the player during his/her participation in the**name of Carnival** ..Tournament held in**Stadium Address / State** over the above mentioned dates.

In addition I authorise any officer, servant or agent of the Association to obtain as he considers reasonably necessary for the player all medical treatment and attention, hospitalisation or accommodation, and which shall be at my expense, provided I am notified of the circumstances in which the medical treatment and attention, hospitalisation or accommodation has been obtained as soon as practicable thereafter. He also has my permission to have a general anaesthetic and blood administered through transfusion to the player by a qualified medical practitioner.

I hereby give my consent to the player participating in the Under **Age group / Name of Tournament** Tournament held in ...**Stadium Address / State**and undertake that the player will abide by all rules, directions and instructions made / and / or given by any officer, servant or agent of 'The Club' during the Under**age Group / Name of Tournament**Tournament held in**Stadium Address / State**

No liability or responsibility is accepted for errors or omissions or for loss or damage suffered as a result of a person or Association acting on this indemnity.

Signature.....Parent/ Caregiver

Witness..... Date

for an on behalf of the Club

Player's Name..... Age:

Team:

Address:.....

Mobile Number: Emergency Telephone:.....

Medical allergies or problem:

Doctor's name Phone:.....

Address: