



## MURRAY DOWNS GOLF & COUNTRY CLUB MEDICAL AND CONSENT FORM

### PARTICIPANT DETAILS

<b>Name</b>			
<b>Address</b>			
<b>Date of Birth</b>		<b>Age</b>	
		<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>

### PARENT / GUARDIAN DETAILS

Contact Details	Mother	Father	Guardian
<b>Name</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Mobile</b>			

### MEDICAL INFORMATION

Does the participant suffer from any medical condition or allergies?  
Please provide details below (attach sheet if required).

<b>Medicare Number</b>	
<b>Private Health Care Insurance Fund</b>	
<b>Fund Number</b>	

## INDEMNITY AND WAIVER

<b>Tournament Name</b>		
<b>Venue</b>		
<b>Travel Dates</b>	<b>From</b>	
	<b>To</b>	

I agree to my child's/ward's attendance at the above-mentioned tournament. In the case of an emergency, I authorise Murray Downs Golf & Country Club Staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical treatment deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication for my child/ward.

## PARENTS/GUARDIAN'S NAME


**Please complete the above forms and send to:**

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If you have any questions, please contact mobile:

<b>Mobile</b>	
<b>Email</b>	

Regards,