



**QLD SOFTBALL – NORTH COAST REGIONAL ACADEMY  
ACKNOWLEDGEMENT OF RISK FORM  
INCLUDING WAIVER, RELEASE & INDEMNITY**

**THIS SECTION TO BE COMPLETED BY THE PARTICIPANT**

Participant Name \_\_\_\_\_

Gender:  MALE  FEMALE      Date of Birth \_\_\_\_\_      Age \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Mobile: *(if available)* \_\_\_\_\_

Email \_\_\_\_\_

*(if email is not provided/available email updates will be sent via the PCYC)*

**If you have read the information about the North Coast Regional Softball Academy and would like to participate further, please answer the following questions AND have your parents complete and sign the final part of this form. This is not an exam! The purpose of these questions is to help us understand and cater for your ideas and experiences.**

1. How are you currently involved in Softball? i.e. you may have helped coach as well as play.

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2. What would you like to gain from the program?

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3. What will you contribute to the program?

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4. How would you rate your current fitness level? (Please tick one)

Super Fit     Good     Average     Needs Improvement     Desperately needs improvement.

5. What are your immediate aspirations? (what do you want to achieve in softball this year)

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**THIS SECTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

The purpose of this form is to provide a written source of information regarding individuals who are participating in activities provided by the North Coast Regional Softball Academy. The form is an important legal document which must be read, understood and signed by you before your child can participate in the activity. The form requires you to acknowledge certain matters relevant to the activity and the risks associated with participation in it. It also contains a waiver, release and indemnity in favour of Qld Softball – North Coast Regional Softball Academy.

This form must be completed, signed and received by the Administrator North Coast regional Softball Academy prior to the activity commencing. If it is not, your child cannot participate in Academy activities. Should you have any queries in relation to the form please do not hesitate to contact the Administrator.

**Parent/Guardian Name:** \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Day Telephone \_\_\_\_\_ Night Telephone \_\_\_\_\_

**Name of Alternate Contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Telephone \_\_\_\_\_ Night Telephone \_\_\_\_\_

**Other Emergency Details**

Medicare number \_\_\_\_\_ Health Care Card \_\_\_\_\_

Private health cover details \_\_\_\_\_

1. Does the participant have any dietary requirements that need to be catered for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there any custody related information we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

What is the participants swimming ability? (please tick)

- Unable to Swim     Poor     Good     Excellent     Not Sure

3. Does the participant have (or ever had) the following conditions?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Joint Damage         | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Drug Reactions | <input type="checkbox"/> Muscular Damage      | <input type="checkbox"/> Physical Disability     |
| <input type="checkbox"/> Back Problems  | <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Phobias              | <input type="checkbox"/> Sensory Disability      |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Heart Disorder | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Other Recent Illness    |

If you answered YES to any of the above, please provide details below. If the space provided is inadequate for a complete description, or there is any other condition or circumstance we should be aware of that is not covered here, please provide details on a separate sheet of paper and attach it to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Has the participant had a tetanus booster?  
(please tick)

YES  NO

Date of last booster? \_\_\_\_\_



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### ACKNOWLEDGEMENT

I/we hereby certify that all details I have provided on this form are true and correct. I understand and agree that:

- This activity is 100% drug and alcohol free.
- Safety is the highest priority and that behaviour which compromises safety is unacceptable.
- Failure to follow instructions may result in exclusion from the Academy and being sent home at my expense and that no refund will be provided.

I/we the undersigned being the participant/parent/legal guardian of the above-named participant, acknowledge that all activities entered into by myself/my son/my daughter/my ward contain an element of risk and I/my son/my daughter/my ward must take reasonable care whilst participating in activities.

I/we understand that activities may include running, jumping, sliding, water activities, climbing, ascending/descending ropes, use of specialised equipment and may take place in a rural, remote or natural environment.

I have read and understood the participant equipment list and will ensure that myself/my son/my daughter/my ward attends with all items required.

I/we further authorise the North Coast Regional Softball Academy to obtain all necessary medical treatment which may be required by me/my son/my daughter/my ward including any anaesthetic or surgical attention which may be prescribed by an appropriately qualified medical practitioner. In all such cases where injury needs attention parents will be contacted first where practical, or as soon as is reasonable in an emergent situation. I/we acknowledge that the costs of any such treatment, including evacuation and transport, shall be my/the participant's responsibility solely.

I/we authorise North Coast Regional Softball Academy to use photos/images of myself/my son/my daughter/my ward in any media release, website or promotional materials.

<b>Participant (always required)</b>	_____	_____	____/____/____
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Parent or Legal Guardian (if participant under 18)</b>	_____	_____	____/____/____
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>

**North Coast Regional Softball Academy  
PO Box 24  
Redcliffe Q 4017**