

Name:

Team:



Private & Confidential

Player Profile - 2016

For and on behalf of Souths United FC and Football Queensland Limited

This document includes

Family Information

Health Details

Media & Publicity Consent

Privacy & Confidentiality Statement

Player Behaviour Agreement

Parent or Guardian Acknowledgement

The information requested in this document will complement the information collected when the player registers with My Football Club.

This statement / agreement is for the sole purpose of providing for the wellbeing of the hereunder named athlete and for the best interest of the team of which he/she is an integral part.

**This Document must be completed by a Parent or Guardian.
Please write clearly.**

| PLAYER'S NAME | | |
|--|--|------------------------------------|
| Given Names | | Surname |
| FFA Number (if known) | | |
| PLEASE PRINT CLEARLY & CIRCLE YOUR CHOICES | | |
| Date of Birth | | |
| First point of contact (circle one) | | Father Mother |
| Father's First and Last Name | | |
| Mother's First and Last Name | | |
| Primary Contact Details | | |
| Residential Address: | | |
| Number and Street Name | | |
| Town / Suburb | | |
| Postcode | | |
| Postal Address: | | |
| Street & No. / PO Box | | |
| Town / Suburb | | |
| Postcode | | |
| Home Phone No. | | |
| Mobile No. | | |
| Email address All Player information will be sent to this email address | | |
| Parents' Contact Details (if different from above) | | |
| Mother's Details: | | |
| Postal Address: | | |
| Street & No. / PO Box | | |
| Town / Suburb | | |
| Postcode | | |
| Home Phone No. | | |
| Mobile No. | | |
| Email address | | |
| Father's Details: | | |
| Postal Address: | | |
| Street & No. / PO Box | | |
| Town / Suburb | | |
| Postcode | | |
| Home Phone No. | | |
| Mobile No. | | |
| Email address | | |
| Additional Emergency Contact (Who is not a parent) | | |
| Name | | |
| Mobile Number | | |

| Player Medical History / Profile | | | |
|---|----------|--|----------|
| Family Physician's Name | | | |
| Contact Phone Number | | | |
| Medicare Number | | | |
| Number on Card | | Expiry Date | |
| Private Health Fund Name | | | |
| Card Number | | Expiry Date | |
| MEDICAL INFORMATION | INDICATE | DETAILS | |
| Heart problems | Yes / No | | |
| Asthma | Yes / No | | |
| Respiratory problems | Yes / No | | |
| Travel sickness | Yes / No | | |
| Abnormal blood pressure | Yes / No | | |
| Operations | Yes / No | | |
| Epilepsy / Fits of any kind | Yes / No | | |
| Recent illness | Yes / No | | |
| Recent Injections & When | Yes / No | | |
| Tetanus Injection & When | Yes / No | | |
| Diabetic | Yes / No | | |
| Drugs required | Yes / No | | |
| Drug reactions (eg penicillin allergy) | Yes / No | | |
| Phobias | Yes / No | | |
| Migraine | Yes / No | | |
| Dizzy spells | Yes / No | | |
| Sleep walking | Yes / No | | |
| Food allergies | Yes / No | | |
| Other allergies | Yes / No | | |
| Allergic to paracetamol | Yes / No | | |
| Special dietary requirements (no likes or dislikes) | Yes / No | | |
| Will she be participating in Ramadan (month of fasting during daylight hours)? | | Yes / No | |
| Currently on any medication | Yes / No | If yes, please complete below | |
| Has parent's / guardian's consent to self administer medication | Yes / No | If no, please provide instructions below | |
| Medications - Prescribed | | | |
| | | | |
| | | | |
| Any other pre-existing medical conditions | | | |
| | | | |
| | | | |
| Any other issues | | | |
| | | | |
| | | | |
| Should the need arise, do we have your consent to administer <i>paracetamol</i> , even though there is no permission from a medical practitioner | | | Yes / No |

| Publicity & Media Consent | | |
|---|-----------------------------------|-----------|
| | Please circle your choices | |
| Team Photos | Yes | No |
| Individual and Group Action Photos for purchase | Yes | No |
| Individual Photos for publication – media (press / tv) | Yes | No |
| Individual Photos for publication – web | Yes | No |
| May be interviewed <u>with</u> the presence of a team official | Yes | No |
| <p><u>Please Note:-</u> Every effort will be taken to fulfil your expressed wishes. However, should a third party beyond the effective control and without the knowledge of (a) the team management, (b) Souths United FC, (c) Football Queensland Ltd, (d) the officiating body, acts outside of your expressed wishes, neither any member of the team management or Souths United FC or Football Queensland Ltd can be held responsible. It should also be noted that the media (including press / tv) might be invited by Football Federation Australian Ltd or one of its affiliates to use both action shots and action footage of the events proceedings for promotional purposes. In any official event apart from the team photo, every effort will be taken to protect the player’s identity should they become exposed.</p> | | |

Privacy & Confidentiality Statement / Contract

All information collected on this Player Profile Document along with any other information that has been collected either manually or electronically is collected in accordance with the relevant privacy policies of both Football Queensland Ltd and Football Federation Australia Ltd.

Player Agreement

The player acknowledges and agrees that as a member of a football team representing Souths United FC, he/she is bound by the understanding that there are certain standards of behaviour that are expected of them. Such standards will be conveyed to the individual and/or to the team as a whole from time to time during the course of the season. Should this player or any other player fail to satisfy these expectations they will be directed to align their behaviour with the expectations of the team management that are in accordance with Souths United FC’s guidelines. Should this player or any other player persist with their disregard of such directives, they may be withdrawn from the program.

Parent or Guardian Acknowledgement

The parent or guardian acknowledges that Souths United FC, through their representatives, will have the responsibility of ensuring the wellbeing of this player during the program. The parent or guardian also acknowledges that this player is bound by the expectations of the Player Agreement above and further that the player fully understands the course of action that will be taken should they create a situation that requires such action from the team management.

Further, the parent or guardian acknowledges that face-to-face contact with this player or any other player will be restricted to the times and locations that will be conveyed to either the player or the parent or guardian or to both in due course. Any other face-to-face contact with any player that may be requested that is beyond the allocated times will be dealt with by the team management as they see fit at the time of the request. Failure to comply with this requirement may also result in this player being withdrawn from the program.

Parent or Guardian Declaration

I, the Parent or Guardian who has completed this Player Profile document, do hereby declare that I have done so to the best of my ability and that I have also read and accept the Publicity & Media Consent, the Privacy & Confidentiality Statement, the Player Agreement along with the Parent or Guardian Acknowledgement.

This is to be done by printing the player's name, your name, signing, dating and then inserting the word 'yes' in the space provided hereunder.

| | |
|---|----------------------------|
| Player's Name | |
| Parent or Guardian's Name (print) | |
| Parent or Guardian's Signature | |
| Date | |
| Acceptance of the Publicity & Media Consent, the Privacy & Confidentiality Statement, the Player Agreement and the Parent or Guardian Acknowledgement. | Insert the word "yes" here |

**Once completed please return to your team manager in January 2016 or to
P.O. Box 3001, Sunnybank South 4109 or to
nplwomens@southsunited.org.au
Please retain a copy for your records.**