

CITY OF SYDNEY BASKETBALL ASSOCIATION

CSBA TEAM PERMISSION SLIP

Parents Name: _____ Childs Name: _____

Address: _____ Suburb: _____ PC: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

Alternate Contact: _____ Relationship: _____

Contact Numbers: (H) _____ (W) _____ (M) _____

I _____ (Parent/Guardian) give permission for my
Son/Daughter : _____ to travel with the Comets U/_____
Basketball Team to the _____
to be held in _____ from ___/___/20__ to ___/___/20__

I give permission for any required medical aid, including the administration of anaesthetics to be given to my son/daughter if required.

The following details are a guide to the health of my son/daughter:

Is your son/daughter on any medication? **YES / NO**
If so, which medication _____

Is your son/daughter allergic to anything, e.g. penicillin? **YES / NO**
If so, what _____

Does your son/daughter have any respiratory problems, e.g. asthma? **YES / NO**
Does he/she require any medication for this _____

Medical Details

Medicare Number: _____

Extended Health Cover: _____ (Fund Name)

_____ (Fund Number)

Signed: _____ Date: _____

(Signature of Parent/Guardian)

Please return this form to your Team Manager/Manageress.

NB: This form will be kept by the Manager until the conclusion of the Championship/Carnival/Tournament Gold Medal Game, then returned to the Sydney Comets Development Manager with the Team Manager's report.