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play golf

Form A10 PLAYER MEDICAL PROFILE - PERSONAL RECORD

All information on this sheet is confidential. Access to this sheet is limited to Team Manager, Team Coach and/or Medical Staff. This information will be treated in accordance with Golf SA's privacy policy. See Privacy Statement below.

Personal Details

Name: _____

Address: _____

_____ Postcode _____

Phone: (H) _____ (M) _____

Email: _____

Sex: Male/Female Date of Birth: ____/____/____

Emergency Contact

Name: _____

Address: _____

_____ Postcode _____

Phone: (H) _____ (M) _____

Relationship to above: _____

Health Care Details

Medicare No.: _____ Ambulance Cover: Yes/No If yes, No.: _____

Private Health Insurance: Yes/No If yes, Fund: _____ No.: _____



Government of South Australia
Office for Recreation and Sport

be active.



Doctor Name: _____ **Ph:** _____

Address: _____

_____ **Postcode** _____

Certain medical conditions or previous injuries may influence your ability to participate in sport. If you suffer from any of the following please detail condition and medication below.

- Asthma
- Diabetes
- Epilepsy
- Spinal Injuries
- Previous Injuries
- Other

Condition: _____

Medication/ Condition Management Plan: _____

Emergency Assistance

Should it be necessary for me to have medical, dental and optical treatment while attending this tournament and neither I (unconscious) nor my emergency contact can be contacted, I give permission for the officials to use their judgement in obtaining the best possible treatment, including anaesthetic & blood transfusion if required. I understand that any medical costs incurred will be my responsibility.

**To the best of my knowledge, all information contained on this sheet is correct
(if under 18 please have parent or legal guardian sign)**

Sign & Date

PRIVACY STATEMENT

Golf SA abides by the relevant National Privacy Principles of the *Privacy Act 1988*. We are committed to protecting your privacy. Much of the information on this form is sensitive information. Sensitive information will not be used for direct marketing purposes. The information on this form is used for the purpose of providing us with the background as to your past and present medical details. The types of organizations to whom we usually disclose this information will be health care providers including our sports trainers and sports first aiders but may also be viewed by coaches, directors and officials. We may also have to disclose it to our professional advisers and insurer. If you do not provide us with any or all of the personal information that we request, then you may not be able to play in any of our teams. Please contact us at PO Box 423, North Adelaide SA 5006 or Fax: 08 8267 1437 if you would like to access or correct the information that we hold about you.