



**Murray Bridge  
Lutheran Tennis Club**  
*Medical Form Season 2023/2024*



*(Please fill in all details)*

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Age (if junior): \_\_\_\_\_ Date of Birth (if junior) : \_\_\_\_\_

Postal Address \_\_\_\_\_

Email address : \_\_\_\_\_

Parent / Caregivers names (if junior): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Doctors Name & Number: \_\_\_\_\_

| Medical Condition   | Yes | No | Further Information or special instructions for emergency action |
|---|-----|----|--|
| Epilepsy  |     |    |  |
| Fainting / Dizzy Spells (or other sudden loss of consciousness) |     |    |  |
| Diabetes  |     |    |  |
| Ear Disorder (particularly drainage tubes or deafness)          |     |    |  |
| Respiratory Disorder (particularly asthma)                      |     |    |  |
| Allergies (particularly insect bites & stings)                  |     |    |  |
| Any other relevant condition                                    |     |    |  |

I give permission for photos of my child (or myself if adult) to be displayed on our face book site or website.

Yes  No

### Club Involvement

I understand that if I am a parent / caregiver of a junior player, I may be required to help umpire junior matches and work in the canteen or BBQ during the season (or provide someone to do my rostered shift). I also understand that all junior players are encouraged to attend trainings where possible. A skilled coach will be in attendance at each session.

I authorize the Coach, Team Manager or person in charge to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred.

\_\_\_\_\_  
Parent / Caregiver Signature (or player if senior)

\_\_\_\_\_  
Date:

Please also go online to <https://play.tennis.com.au/lutherantennisclub/Membership/Join> to register and pay subs.

Please return forms at your earliest convenience to:

Anne Davids : 31 Willow Ave, Murray Bridge Ph: 0429 864 300  
[haybre2@gmail.com](mailto:haybre2@gmail.com)

OR

Ernie Ahrens: PO Box 2234 Murray Bridge Ph: 0400 259 746  
[eahrens@unitycollege.sa.edu.au](mailto:eahrens@unitycollege.sa.edu.au)  
or via Unity College