

## Player Medical and Risk Acknowledgement

*Must be signed by each and every player*

I acknowledge that American Football (Gridiron) is a contact sport demanding a high level of physical exertion that exposes participants to the following risks:

- Neck and/or spinal injury
- Concussions
- Bone fractures and joint dislocations
- Respiratory problems
- Re-agitation of existing injuries

I understand that through practice and repetition, qualified coaching staff supplied by the UniSA Eagles Gridiron Club will teach me the skills required to protect myself while enjoying to play the game of American Football.

As part of this agreement, I give the qualified coaching and qualified training staff the ability to:

- Restrict me from any UniSA Eagles training/game until a medical clearance has been obtained when required.
- Restrict me from involving in contact through training/games until I have been deemed to have the skills required to protect myself through the techniques taught by the UniSA Eagles accredited coaches.
- Call an ambulance for me during training/games when my condition requires it.
- Restrict me from physical contact when it is believed I may be suffering from concussion.
- Restrict access to training/games until I am wearing all protective equipment required by GASA and SAGO rules and regulations to engage in American Football.

I am also acknowledging that the club suggests it is in my best interests to:

- Have private health insurance and ambulance cover while being involved in American Football.
- Train as often as possible to learn the skills required to protect myself in American Football.
- Check for clarification of techniques and terminology if unsure of what is required of me at any point in time.

I am aware that if I have any medication that I may require, the medical staff for the Eagles will be given it before each training and game to assist me if required.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2017

## Medical Clearance

*Must be completed by a medical practitioner if you are a new player or returning from injury or if you have not played Gridiron since 01<sup>st</sup> Feb 2015.*

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I have conducted a medical examination on \_\_\_\_\_ and in my  
(Name of player applying for clearance)  
medical assessment of this person, know of no reason why he/she cannot currently play or return to playing American Football (Gridiron).

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2017