

# PRIVATE HEALTH INSURANCE DECLARATION



I, .....(print name - player), hereby acknowledge that Federazione Italian Rugby League Australia (FIRLA) have recommended that I should be covered by Private Health Insurance in case of injury, either playing or training for rugby league with FIRLA.

Having understood the recommendation to obtain Private Health Insurance, I hereby declare the following;

**PLEASE TICK THE APPROPRIATE BOX**

- I am a financial member of a Private Health Insurance Fund and agree to provide the details of my Private Health Insurance to FIRLA.

Name of Provider:.....

Membership Number:.....

**OR**

- I have elected **Not** to become a member of a Private Health Insurance Fund. I understand that, under no circumstances will FIRLA be liable for any medical costs associated with my training or playing for the club/FIRLA.

Name: .....  
(player) (player's parent/ guardian)

Signed:.....

Date: .....