



IKON High Performance Centre
76-122 Napper Road, Parkwood QLD 4214
PO Box 8041, GCMC, 9726
07 5656 5650 info@titans.com.au

ABN 14 604 380 092

2024 TITANS LEAGUEABILITY PLAYER MEDICAL AND INFORMATION HANDBOOK





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PRESENTING PARTNER



SUPPORTING PARTNERS



AFFILIATE PARTNERS





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As a NRL club, our voice is louder than most. But we're determined to use it to fuel positive change. To speak up for those in our community who often feel unheard. And through our action, we Care, Include, Unite and Inspire – making life better for our region's most vulnerable people. Together, we're Titans.

After the inaugural season in 2018, the Leagueability program has become the first Disability Rugby League Program in Australia to provide a competition for both men and women. The program has grown into three teams – Physical Disability (Tackle), Intellectual Disability (Tackle) and All Abilities (Tag).

There has been significant growth in the program since its inception. Each player that has pulled on a Gold Coast Titans jersey has been welcomed into the Club and its legacy.

The programs platform allows us to foster a community that promotes genuine engagement, opportunities and inclusivity while raising community awareness and their value of inclusive actions in sport.

Should you have any questions regarding the program, please don't hesitate to reach out via the below.

Deeana Brayshaw
Football Operations & Leagueability Coordinator
E: deeanab@titans.com.au

We look forward to having you a part of our Titans Leagueability family.

Kind regards,

Renee Cohen

General Manager Community and Game Development



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Dear Doctor,

Your patient has been asked to contact you and for you to provide us with their medical information because he/she is interested in participating in Disability Rugby League (Physical Disability Rugby League – PDRL, Intellectual Disability Rugby League – IDRL and All Abilities Rugby League - ABRL).

PDRL / IDRL is a contact sport.

- Most athletes will tackle and be tackled by other players.
- Some athletes, with an appropriate medical condition play 'touch' rules. These players wear red shorts to indicate they aren't to tackle or be tackled. However accidental collisions and falls still do occur.
- There are no scrums.

All Abilities Rugby League is tag only.

- Athletes will wear a velcro belt with velco tags
- Incidental collisions and falls may still occur.

Please complete this short form as fully and clearly as possible with the player's past and present health condition.

The information you provide is treated as confidential and is only used by program staff and medical team.

Regards,

Gold Coast Titans Leagueability Staff



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REGISTRATION DETAILS

Physical Disability, Intellectual Disability or Both (*Please circle*)

Describe your disability _____

Contact number (For program communications only): _____

Email address (For program communications only): _____

Contact number (For invoices and payments only E.g., Plan manager email/phone)

Email address (For invoices and payments only E.g., Plan manager email/phone)



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CONFIDENTIAL MEDICAL HISTORY FORM

Player Information:

Name: _____

Date of Birth: _____

Gender: _____

Pronouns: _____

Email: _____

Mobile: _____

Medicare Card Number: _____

Your number on card: _____

NDIS Registration Number: _____

Private Health Insurance: Yes No

Private Health Insurance Provider: _____

Membership Number: _____

Do you have 'Personal Accident and Injury Insurance' cover against Accident/injury for competitions and associated activities: Yes No

All registered and approved players are covered by insurance, however, the level of coverage our players (in the Gold Coast Titans Leagueability program) receive, is NOT inclusive of all private medical costs.

Do you identify as (please circle):

Aboriginal Torres Strait Islander None

Emergency contact: _____

Relationship: _____

Email: _____

Phone: _____

Previous Rugby League experience:



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Players consent for the medical professional to share the information below with
Titans Rugby League Pty Ltd and Gold Coast Titans Community Benefit Fund Inc.

Name: _____

Date: _____

Signature: _____

Medical Information – To be completed by a Registered Medical Doctor.

Please tick all conditions that apply to you now. Mark with a P for past conditions.

- Cardiovascular Conditions
- Difficulty Breathing
- Motor Vehicle Accident
- High/Low blood pressure
- Asthma or Lung conditions
- Accident/Trauma (other)
- Infectious Disease/ Influenza
- Seizures
- Broken Bones
- Rash, athlete's foot/tinea
- Vertebral Disc problems
- Headaches or Migraines
- Skin Disorders
- Chronic Pain
- Implants/Augmentation
- Diabetes – Type 1 / Type 2
- Numbness or Tingling
- Prosthesis or Dentures
- Food Allergies
- Muscle Injury/Pain
- Arthritis – Osteo/Rheumatoid
- Allergies – all others
- Bone Injury/Pain
- Vision problems/contact lenses
- Specific /Dietary requirements
- Joint Injury/Pain
- Pregnancy



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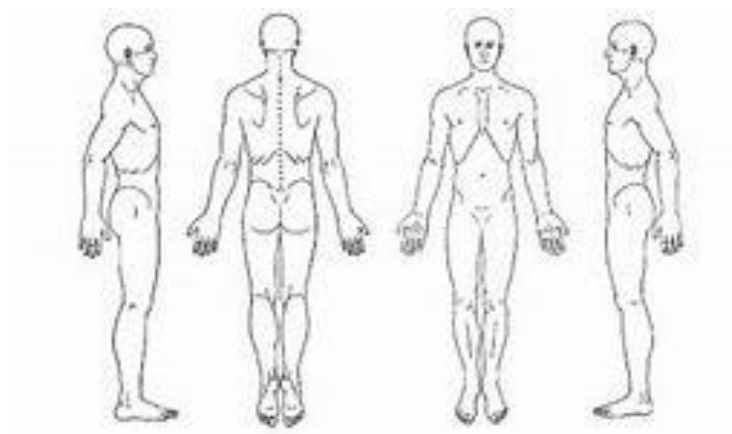
Please provide further details of any current conditions you have indicated above or that are not listed above:

Are you suffering from an injury or condition which is likely to be aggravated by playing tackle rugby league?

Yes No

Please list any functional or physical limitations:

* Please indicate on diagrams injuries listed above and provide details of rehab or treatment that are currently being done.





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Please list all relevant surgeries and other medical history not already explained above: _____

Are you currently on any medications? This includes Aspirin, Ibuprofen and supplements etc. Yes No

Details:

Is there a reason this athlete should not participate in rugby league?

Is there a reason that this athlete should not be tackled (and therefore play 'touch/tag' only, noting there remains a likelihood that knocks and accidental collisions could occur)?

I give medical clearance for (Patients Name): _____
to participate in the Gold Coast Titans Leagueability program. The patient understands the risks involved in sporting activities off the nature covered in the program.



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I confirm that the above information is accurate. Doctors Name:		
Medical Specialty:	Registration Number:	
Address:		
City:	Country:	
Phone:	E-mail:	
Date:	Signature:	

Medical Authorisation

I hereby authorise the obtaining on my behalf of such medical assistance as I may require, in the event of accident or illness and guarantee to meet any costs incurred. I authorise the administering of anesthetic if this is deemed necessary by the Team Doctor/Medical officer attending.

DATE: _____

NAME: _____

SIGNED: _____



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MEDIA RELEASE FORM

Name (of participant): _____

Hereby warrant and agree as follows:

1. I consent to the use of my image, name and voice in advertising and promotional material for Titans Rugby League Pty Ltd (Gold Coast Titans) and Gold Coast Titans Community Benefit Fund Inc (*Titans Together*) in any medium whatsoever (including, but not limited to, print, press, television, radio and the mediums set out in the schedule below) for an indefinite amount of time and without geographical limitation.
2. I understand that no payment will be provided.
3. I warrant that there is no existing restriction or obligation which would prevent the use of my image, name or voice in advertising and promotional material by the Gold Coast Titans or Titans Together.
4. I waive my rights in relation to privacy and related matters.
5. I agree that all material produced pursuant to this release (including all copy right in these materials) and any material adapted there from and the right to reproduce copies and adaptations thereof wholly or in part shall belong to Gold Coast Titans and Titans Together absolutely. I agree that I have relinquished all rights, title and interest in and to the material produced and I hereby waive in favour of the Gold Coast Titans and Titans Together and anyone else to whom the Gold Coast Titans or Titans Together assign or license copyright, any moral rights in the material produced.

Where a participant is not of 18 years of age or cannot read and understand rules outlined above, this document must be signed by a parent/carer/guardian:

Signed: _____

Relationship (if applicable): _____

Date: ____/____/____



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CODE OF CONDUCT

INTRODUCTION

The Gold Coast Titans and Titans Together are driven to create a better life for the people of our community, driving change through the power of positive action.

Club refers to Titans Rugby League Pty Ltd.

Titans Together refers to the Gold Coast Titans Community Benefit Fund Inc.

Player/s refers to any registered and approved participant, coach or volunteer involved in the Gold Coast Titans Leagueability program.

Leagueability refers to the program provided by the Gold Coast Titans/ Titans Together for people with a physical and/or intellectual disability.

The Gold Coast Titans players (including Leagueability program participants) agree to maintain the following rules:

1. GENERAL RESPONSIBILITIES

- 1.1. Players at all times will maintain a high standard of presentation and behaviour. Irresponsible behaviour will not be tolerated, and players found guilty of such conduct will be subject of a review.
- 1.2. The use of foul, crude and obscene language will not be tolerated.
- 1.3. Players will be a contributor to the community by supporting Titans Together activities, functions, schools, and promotions and be accessible at reason times.
- 1.4. Display the appropriate image, wear the required attire when requested and ensure your appearance is neat and tidy.



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2. FOOTBALL RESPONSIBILITIES

- 2.1. Report to training and club activities at the required time.
- 2.2. Players will protect and maintain property belonging to the club. Misuse or disregard of property belonging to the club will not be tolerated.
- 2.3. Players will not bring the NRL or club into disrepute.
- 2.4. Players will not smoke or vape during training or club activities.
- 2.5. Players will respect the game and the people connected to the game.
- 2.6. Players shall conduct themselves in a courteous, responsible and co-operative manner when dealing with the media, sponsors and community.

3. PUBLIC AND RELATED RESPONSIBILITIES

- 3.1. Players will at all times show respect towards women and act in a responsible and courteous manner.
- 3.2. Players will conduct themselves at all times in public in a sober, courteous and professional manner.
- 3.3. No player will at any time abuse a Club Official, Match Official, a Player, a member of the media or a member of the public.
- 3.4. Players will not discriminate on the basis of sex, race, religion, culture or sexual status.

4. DRUGS/ALCOHOL

- 4.1. The use of illicit substances/drugs and is prohibited. Never report to training, or club activities under the influence of alcohol or illicit drugs.



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5. PUBLIC COMMENT

- 5.1. No player shall comment adversely on or respect to the NRL, officer or employee of the NRL or club, the club, club programs, club sponsors, NRL players, match official, and any other associated committee with the NRL or Club on the internet or on a public occasion.
- 5.2. For the purpose of 6.1 the expression “the internet” means that comment was made, or the action was uploaded, stored, recorded, transmitted or otherwise conveyed on a website, a blog, via internet social media, networking and or communication platforms such as Facebook, Myspace, Instagram, Snapchat, Twitter, Bing, Digg or Messenger etc.
- 5.3. For the purpose of 6.1 the expression “on a public occasion” means that the comment was made, or the action took place in a public setting, to, or in the presences of any person that is known or ought to be known as a member of the media and or reported by the media.

6. CONFIDENTIALITY

- 6.1. Players acknowledge the confidential nature of all material of the club and will protect the confidential nature of such material.
- 6.2. Players will so far as is reasonable, disclose to the club any matter which might adversely affect their performance, the performance of their team, their sponsors, the NRL or the club.



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DECLARATION

I hereby declare that I have read, received, and understood the above rules and regulations as part of my participation in the Gold Coast Titans Leagueability Program; and I hereby understand, acknowledge and will abide by the Code of Conduct at all times:

Player Signed: _____ Witness Signed _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____

For participants that are unable to read and understand the rules and regulations outlined in this document, it must be signed by a parent/guardian/carer of the participant. You then take full responsibility that the participant will abide by the Code of Conduct at all times:

Parent/Guardian/Carer Signed: _____

Relationship: _____

Printed Name: _____

Date _____