



# VICTORIAN AMATEUR FOOTBALL ASSOCIATION

## PARENT /GUARDIAN CONSENT FOR PLAYERS UNDER THE AGE OF 18

Club: \_\_\_\_\_  
Players name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

### Parent/Legal Guardian

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

I, \_\_\_\_\_  
(Full name)

Being the legal guardian of \_\_\_\_\_  
(Player's Full name)

Hereby give my consent to him/her to register to play Australian Football with \_\_\_\_\_.  
(Football Club)

I acknowledge that the VFA has advised my child/legal dependant to obtain personal private health insurance in addition to the insurance cover provided by his/her affiliated club.

By signing this form, I hereby consent my child/legal dependant's image being used in official VFA publications such as the Annual Report, fixture, website etc. and suburb details used for official VFA statistic and media commitments, at the discretion of management.

I have read and explained the contents of the VFA online registration form (including the conditions of registration and league and player code of conduct) to my child/legal dependant.

If I am unable to be contacted, I give consent to the above mentioned affiliated club, or the Victorian Amateur Football Association, to seek appropriate medical attention for the player.

Signature of legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### Club use only

Date received:

Further documentation required:  Yes  No If yes, details: \_\_\_\_\_