2022 Lightning Tournament

Junior Player Consent Form

| Name of Team: | |
|--|---|
| Name of Player: | Date of Birth: |
| Section 1 - Insurance: Public Liab | oility and Personal Injury |
| promotion of football in the Canberra apply. Interstate teams need to ensure arrangements outlined in the Light Football requires an additional payme | nent is endorsed by Capital Football as part of the region and Capital Football insurance arrangement they abide by the guidelines with respect to insurance ning Tournament Registration Information. Capitant of \$12.00 per player for a player who is under 18 to is unregistered with Capital Football or an interstation. |
| | all for the 2022 season under the auspices of Capita association? Please provide following information a |
| YES | |
| Name of Club: Team Manager: | |
| Age Division: | FFA Number: |
| NO The player is not registered with C season. | apital Football or an interstate football association for the 2021 |
| Section 2 - Parent's/Guardian's Pe | rmission & Agreement |
| I give permission for | |
| participation is subject to their abiding | ightning Football Tournament and agree that theig by the rules of the competition. I also agree as the child to pay an additional \$12.00 insurance payment in 1 above). |
| Name of Parent/Guardian: | |
| Address: | |
| Contact Telephone: | Signature: |

Registration Contact Details:

Shiree Yap 0418626109 Email: admin@wvsc.org.au

What to do with this form:

<u>Parents/Guardians</u>: Please return this form to your team manager.

<u>Team manager:</u> Please advise organisers, via the registration contacts, **a minimum of two days** prior to the tournament, the **details of any unregistered** players. Please pass the completed forms to the Registration Desk on the morning of tournament **no later than 30 mins** prior to play commencing.