

AFL Masters SA

Player Registration Form

Player Details

| Sea | ason Cl | ub | | | |
|---|--|---|--|--|--|
| Sur | rname | First Name | | | |
| Address | | | Post Code | | |
| Em | nail | | | | |
| Mc | obile | Date of Birth | / | / | |
| <u>Em</u> | nergency Contact Details | | | | |
| Name | | Relationsh | Relationship | | |
| Mc | Mobile | | | | |
| I acknowledge that I have read the AFL Masters SA Constitution, Match Rules and By-Laws and agree that I will comply with those Rules, By-Laws and any reasonable directions given by AFL Masters SA, the players club (the Club), the home team (the Host), or the administration of the oval in use, or their respective officers, employees, agents, or volunteers in relation to the AFL Masters SA Competition. I acknowledge that I am applying for registration as a participant in the AFL Masters SA competition on the understanding that I do so at my own risk and that I will not hold AFL Masters SA, the Club, the Host, or their respective officers, employees, agents, or volunteers responsible for any injury, accident or illness sustained by me however caused. I acknowledge that it is my own responsibility to arrange for health insurance (including insurance cover for personal injury) and income replacement insurance cover, should I need it and that neither AFL Masters SA, the Club, or the Host will be responsible for the cost of, or be associated with any medical treatment which I may require if I suffer or cause any injury during the course of a game. | | | | | |
| 4. 5. | If I sustain an injury I give permission for AFL M am unable to do so for myself including ambula I acknowledge that it is my responsibility to under Masters SA competition to ascertain my health st put my health at risk in the event I participate in the Club, the Host, and their respective officers, empl and expenses arising directly or indirectly from or related occurrence. | ance transport, and I agree to partake any, or all medical examinat tatus. I confirm I am not suffering the AFL Masters SA competition. loyees, agents, or volunteers from | ay all associated ions prior to par from any illness I hereby release I all claims, proc | d costs. rticipating in the AFL s, or condition that would AFL Masters SA, the eedings, liabilities, costs | |
| 6. | I understand that AFL Masters national insuran Directors Liability insurance and does not cover | | only covers Pub | olic Liability and | |

Signed ______ Date _____