



## PLAYERS ACKNOWLEDGEMENT OF CODE OF CONDUCT AND CONSENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

EXISTING MEDICAL CONDITIONS/INJURIES/ALLERGIES: \_\_\_\_\_

REGULAR MEDICATION: \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT AND TRANSPORT

I understand that football is a physical sport and that there is risk of injury involved in participating and competing. I authorise any coach, manager or representative of St Albans Saint SC to use the medical information set out above and to obtain on my behalf and at my expense any medical assistance, treatment and transport as deemed reasonably necessary.

### CONSENT TO USE IMAGE

In consideration of my playing football at St Albans Saints SC, I consent to St Albans Saints SC taking, retaining and reproducing my image obtained during my participation in football at the club in photographs, electronic images, sound recording and video footage used for the purposes of any St Albans Saints SC promotional, advertising, research or marketing materials.

### RELEASE AND INDEMNITY

In consideration of my playing football and participation at St Albans Saints SC, I agree to release, defend, hold harmless and indemnify St Albans Saints SC and their directors, officers, employees, volunteers and agents from and against any actions, claims, demands, expenses and liabilities howsoever arising from injury, loss or damage arising from my playing football and participation at St Albans Saints SC.

### CODE OF CONDUCT

In my playing football and participation at St Albans Saints SC, I consent to being bound by the St Albans Saints SC Code of Conduct which I have been provided, have read and understood.

### PRIVACY

St Albans Saints SC requires the information requested in this Consent Form and other forms to administer the Club and related purposes which can reasonably be expected.

I have read and understood and agree to the above terms. I warrant that all information provided is true and correct.

SIGNED BY PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN AGREEMENT (if participant is under 18)

I have read, understood and agree to the above terms and in consideration of accepting my child/ward to participate and play football at St Albans Saints SC, I give the same Consents and Release and Indemnity as above. I warrant that all information provided is true and correct.

SIGNED BY PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

(Where the player is Under 18 years of age – signature required)