



PARENTAL CONSENT FORM



2018 NATIONAL COMPETITION

Player Details

Surname: _____ First Name(s): _____

DOB: ___/___/___ Age: _____

Zone: _____ Club: _____

This section must be filled out by the parent/caregiver/guardian of the player

Please tick the appropriate box:

PARENT CAREGIVER GUARDIAN

Surname: _____ First Name(s): _____
(Last Name):

Mobile: _____ Home: _____ Work: _____

Email Address: _____

Medical Conditions

Please list any injuries or medical conditions the player may suffer from.
(e.g. Asthma, concussion, epilepsy, etc.)

Year (If Applicable)	Injury or medical condition

I consent to _____ to play in the National Competition
(Name of Player)

Signed: _____ Date: ___/___/___

Witness: _____ Position: _____