



A.F.L. Masters Victorian Metropolitan Superules Football League (Inc) (hereinafter referred to as “the League”)

PLAYER REGISTRATION & SAFETY FORM

Surname:..... First Name:.....
Address:..... Post Code:.....
Telephone/Mobile: Email:.....
Date of Birth:..... Age: Drivers Licence No.....

ACKNOWLEDGEMENT, WARNING AND DISCLAIMER

In this document a reference to the League means and includes itself, and its officers, employees, volunteers, servants and agents and any contractors and co-contractors of the League.

Australian Rules Football is Dangerous! Participation can result in serious bodily injury, permanent incapacity and even death. By signing this application, you acknowledge that you have read and understood the terms upon which the League may accept your application as a participant. If your application is accepted the League will rely on you keeping the promises you make below.

1 I, the abovenamed Applicant/Player have carefully read the League Rules, By-laws and Codes of Conduct for the competition in which I am applying for participation. I will at all times comply with, and be bound by, the Rules, the Bylaws and the Codes of Conduct,- including the Rules, By-laws and Codes of Conduct as they are introduced or amended from time to time, and any reasonable direction given to me by the League, my Club, my team management and umpires. I acknowledge that this is “Football for Fun”.

2 I will participate solely at my own risk, knowing and accepting that in participating I may become seriously injured, permanently incapacitated, or killed by or as a consequence of on-field practice or competition. I acknowledge that any medical, ambulance or other associated costs are my own responsibility, even if ambulance or medical support is in attendance at the competition. I acknowledge that there is no Personal Injury Insurance Cover provided by the League or included in any fees paid by Member Clubs to the League at the time of affiliation/re-affiliation. I therefore acknowledge that players and officials of Member Clubs of the League HAVE NO PERSONAL INJURY INSURANCE COVER whilst playing or participating in the League - UNLESS SPECIFIC PERSONAL INJURY INSURANCE COVER HAS BEEN TAKEN OUT BY THE PLAYERS’/OFFICIALS’ MEMBER CLUB. I understand and it has been strongly recommended by the League that I take out private medical insurance cover and an ambulance subscription before playing or participating in the League.

3. I will not engage in any conduct, on or off the field, which is either in breach of the Rules, the By-laws or the Codes of Conduct (as they currently exist or as they may be amended or introduced at a future date) or which places other participants or the League at risk of injury or death and/or which is in the opinion of the League considered to be unreasonable or un-sportsmanlike behaviour.

4. The determination as to whether my conduct is in breach of the requirements set out in the preceding paragraph numbered 3 is solely at the discretion of the League and I agree to be bound by any determination made by the League pursuant to its Rules, By-laws or Codes of Conduct (as they may have been amended or introduced at the relevant date)

6. I release and indemnify the League, its clubs from all claims, costs, proceedings, liabilities, and expenses arising from or in any way connected with my participation in this competition.

7. I participate knowing that it is my responsibility to undertake a full medical examination prior to playing to ensure that I am not suffering from any illness or condition or injury that may put my health, enjoyment of life or use of my body at greater risk.

8. I hereby declare that I have completed all details and information on this form including my contact information and they are correct. I acknowledge that supplying false or wrong information will make me ineligible to play or receive any awards.

Signed Date

