

# SOUTH AUSTRALIAN WOMEN'S FOOTBALL LEAGUE SUMMER TRAINING SQUAD



## VOLUNTEER REGISTRATION FORM

Given Names:		Surname:	
Date of Birth*:     /     /		*NOTE: Volunteers under 18 years of age at the time of registration must have this registration form signed by a legal parent/guardian (refer to "Parent/Guardian Consent")	
Address:		Suburb:	P/Code:
Mobile:		Home Phone:	
Email Address:			
Current Role/s:		Preferred Role/s:	
Accreditation Level/s:		Current Club (if applicable):	
Experience:			
Emergency Contact Name:		Emergency Phone Number:	
Do you consent to receiving medical treatment if required?     Y / N			
Existing medical conditions/ allergies/sports injuries:     Y / N		If yes, please explain:	
Medication or treatment required for the above:			
Do you have any work, study, sport or other commitments over Summer?     Y / N			
If yes, what days/times are you committed to:			

## CONDITIONS OF REGISTRATION

By signing this Registration form, I hereby:

- (a) Apply for registration as a volunteer with the South Australian Women's Football League's 'Summer Training Squad'.
- (b) Agree that I am bound by the rules, by-laws, code of conduct and policies of the South Australian Women's Football League (SAWFL) as amended from time to time (available to view at [www.sawfl.org.au](http://www.sawfl.org.au))
- (c) Acknowledge that my failure to adhere to the SAWFL rules, by-laws, code of conduct and policies may result in suspension and / or expulsion from the SAWFL Summer Training Squad.
- (h) Give the AFL, South Australian Amateur Football League (SAAFL) and SAWFL permission to use photographs and/or images of my participation in the SAWFL Summer Training Squad for any promotional, media or marketing purposes.
- (i) Give the AFL, SAAFL or SAWFL permission to provide the information contained herein to third parties at its discretion.
- (j) Declare that the information set out in this form is true, complete and accurate in every respect.

**PLEASE TURN OVER**

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## **VOLUNTEER REGISTRATION (IF 18 YEAR & OVER)**

By signing this form I acknowledge that I have read the conditions of registration printed on this form and I agree that I am bound by those conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **PARENT/GUARDIAN CONSENT (IF UNDER 18 YEARS)**

By signing this form I indicate that I understand and agree to the rules and conditions that the SAWFL has in place during the time that my child is participating.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **SUBMIT FORM TO**

**Email:** caitlin@saafl.asn.au

**Fax:** (08) 8443 8222

**Post:** 1a Meyer Street, Torrensville SA 5031

## **JOIN THE SAWFL SUMMER SQUAD FACEBOOK GROUP**



[www.facebook.com/groups/sawflSTS](https://www.facebook.com/groups/sawflSTS)