Parkes & District Amateur Soccer Association Inc.



**PLAYING ABOVE AGE CONSENT FORM**

I, the undersigned as the participant and as the guardian of the participant have read, understood and will abide by the Parkes & District Amateur Soccer Association Inc. By-Laws in regards to Playing in a team above your own age group- Information Sheet & Football NSW Guidelines- Playing in a team above your own age group.

I, the undersigned as the participant and as the guardian of the participant understands that if the participant breaches the P&DASA Inc. By-Laws that the Association will provoke the participant’s privileges to play in any team above the participant’s own age group.

I, the undersigned as guardian of the participant named hereunder have read, understood, acknowledge and agree to the contents of this document and that I have had the right to obtain independent legal advice.

I, the undersigned as guardian of the participant give consent for the participant to play in the higher age group (as stated below) which I acknowledge is above what is my child’s true age group and as governed by the age groups of participation.

In relation to this participant I acknowledge and accept that there is an inherit risk in the participant playing in an age group which is above/greater than the participants current age including but not limited to participation against adults in all age and senior competition. It is acknowledge participation in football (soccer) is a high exertion activity and a contact sport and that the participant has an equal if not greater risk of both general injury and injury from contact arising from the participant in the higher age group. These may include muscle cramps, muscle soreness, pain, discomfort, fatigue, abrasion, laceration, bruising, bone dislocation or breakage, head injury including but not limited to concussion and other injuries that may require medical treatment or hospitalisation.

To the full extent permitted by law I, as the guardian of the participant release, hold harmless and indemnify the Club, Association and Football NSW, and their respective board members, officers and employees and any related third party from any and all liability for any loss, damage, expense or personal injury including death that the participant may suffer as a result of the participant in football (soccer) competition in the higher age group dur to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care.

I, as the guardian of the participant am aware that by signing this document I am waiving certain legal rights on behalf of the participant that I or the participant has or may have against the Club, Association, Football NSW, and their respective board members, officers and employees and any related third parties and reconfirm that there is an inherit risk in the participation in the higher age group which included but is not limited to the potential for serious personal injury or death.

Where I as guardian sign on behalf of a minor child, I also give full permission for any person connected with the Club and/or Association and/or Football NSW to administer first aid deemed necessary, and in the case of serious illness or injury, give permission to call for medical and/or surgical care for the participant and to transport the participant to a medical facility deemed necessary for the wellbeing of the child.

Club participant registered with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant True Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age Group Consenting to Play: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Participant Name of Guardian

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Signature of Participant Signature of Guardian

Date this …….....day of…………………………………………….20……

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Name of Team Representative Signature of Team Representative

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Position held by Team Representative

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True Age Group & Team Name of Participant & Team Representative

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Name of Association Representative Signature of Club Representative

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Position held by Association Representative

This form must be completed and returned to the Registrar or Competition Secretary of the Association for approval by the P&DASA Inc. prior to the participant playing in the higher age group. It is an insurance requirement that this form must be kept on file by the Association for a minimum of 7 years from the date of signing.