

**Stadium**

244 - 270 East Parkway
Lightsview SA 5085

Office

PO Box 204
Greenacres SA 5086

Contact

admin@nabc-rockets.club
secretary@nabc-rockets.club

Players event consent form

Event title:
Destination of Event:
Date of event:
Departure date and time:
Return date and time:
Travel and transport arrangement:
Coach/Team Manager leading up event:
Volunteers also attending:
Cost to be invoiced to player:
Uniform, equipment, and other requirements:
Itinerary:

Supervisors for this event will use the medical information used on the player consent form.

Player's surname: Given names:

Parent's/Guardians names:

Date of birth/...../..... Email address:

I/We give my consent for our player for the following:

- Give permission for my/our player to be transported by coaches/team managers (This only applies to coaches/team managers with Working With Children Checks and full licenses)

Yes/No

- Give consent for my/our player to stay in the accommodation obtained by the coaching/team management.

Yes/No

Signed:

Date:/...../.....

Dietary Requirements:

Please list all dietary needs, including allergies and intolerances for your player:

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