

5. Do you have any injuries/medical conditions that the coaching staff should be aware of? If so, please give details:

6. Is there anything at all not covered in these pages, that the coaching staff should be aware of If so, please give details:

I, _____ being the (PARENT/GUARDIAN) of player whose details appear on this form, hereby consent to the player's participation in training activities and competition matches under the direction of the staff appointed by the Victorian Soccer Federation. In the event of a medical emergency, I authorise any treatments or procedures that may be deemed necessary by a legally qualified medical practitioner.

Signed:	Printed Name:
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I, _____ being 18 years or older hereby authorise any treatments or procedures that may be deemed necessary by a legally qualified medical practitioner.

Signed:	Printed Name:
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