

Player Registration, Medical & Media Consent Form (pg.1)



Season/Program: _____

Start Date: / /

Venue: _____

1) Player Details

- First Name: _____ Last Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender (optional): _____ Pronouns (optional): _____
- Address: _____
- School: _____
- Player Email (13+): _____
- Preferred Position(s): _____
- Shirt Size: ☐ XS ☐ YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL (Y= Youth - A=Adult)

2) Parent/Guardian Details (Primary Contact)

- Name: _____ Relationship: _____
- Mobile: _____ Email: _____

Secondary Parent/Guardian (optional)

- Name: _____ Relationship: _____
- Mobile: _____ Email: _____

3) Emergency Contact (other than above)

- Name: _____ Relationship: _____
- Mobile: _____ Alternate Phone: _____

4) Medical Information

Allergies/Conditions (e.g., asthma, diabetes, epilepsy, heart, musculoskeletal): _____

Current Injuries or Past Significant Injuries/Surgeries: _____

Current Medications: _____

GP/Clinic: _____ Phone: _____

Health Cover (optional): Medicare No. _____ Private Health _____

Underlying Injuries/Conditions Declaration

☐ I confirm there are no known underlying injuries or medical conditions that would make participation unsafe.

☐ There are underlying injuries/conditions (details provided above), and I will supply medical clearance if requested.

*Please update the Academy immediately if the player's health status changes.

Player Registration, Medical & Media Consent Form (pg.2)



5) Participation, Risk & First Aid Consent

- I understand football is a physical sport and carries a risk of injury.
- I agree the player will follow coach instructions and safety rules.
- I authorise HV Elite staff to provide first aid and, if required, to arrange emergency medical treatment.
- I accept responsibility for costs arising from such treatment and will not hold the Academy, its coaches, or volunteers liable for injuries except where required by law.

Parent/Guardian Initials: _____

6) Media Consent (photos/video of juniors)

Please select one:

- ☐ Yes, full consent. The player may appear in Academy photos/video for websites, social media, and promotional material.
- ☐ Yes, limited consent. First name only; no tags; avoid close-up images.
- ☐ No consent. Please exclude the player from all media.

Consent can be changed at any time by emailing the Academy.

7) Conduct & Communications

- We agree to follow the Academy Code of Conduct and Social Media Policy.
- Adults will not privately message players U18; all team comms occur in approved group channels with

(2) two authorised adults present.

Parent/Guardian Initials: _____ Player Initials (13+): _____

8) Program Selection & Payment (office use optional)

- Program: _____ Fee: \$ _____
- Payment Method: ☐ Card ☐ Bank Transfer ☐ Cash Date: / /
- Received by: _____ Notes: _____

9) Privacy Notice

Your information is used to run the program, manage safety, and contact you about sessions and emergencies.

We store data securely and share it only with staff or medical providers as needed.

10) Declarations & Signatures

I/We certify the information provided is true and complete. I/We have read and accept the Participation, Media, Conduct, and Privacy sections above.

Parent/Guardian Name: _____	Signature: _____	Date: / /
Parent/Guardian Name (2): _____	Signature: _____	Date: / /
Player Name (13+): _____	Signature: _____	Date: / /

Academy Use Only: Entered by _____ Date / /

Consent checked ☐ Medical risk flagged ☐ Clearance received ☐