

Program Location: **Darebin International Sport Centre**

Name: _____

Phone (BH): _____

Mobile: _____

Email: _____

Address: _____ P/Code: _____

Country of Birth: _____

Language spoken at home: _____

Please note: Three Games of 2 x 20min duration will commence at 7pm and 8pm.
Due to limited spaces, you will need to arrive at the designated sign up times for
the game you wish to play in each week.

- 6:30pm for the 7:00pm game

- 7:30pm for the 8:00pm game

**The following information is needed so that we can provide the necessary
medical care if required.**

Medicare Number: _____

Healthcare Number (if applicable): _____

Emergency Contact _____

Telephone (private): _____ (Business): _____

(Mobile): _____

Does the participant suffer from any illness, condition, allergy or disability? (please
give details):

Is the participant currently taking any medication? (if so, please specify amount and how often):

Insurance information

FFV's public liability policy covers registered participants for social football. Cover will only apply in the case of injury or property damage due to possible negligence on the part of FFV. Participants that take part do so at their own risk.

Please note: Shin Pads must be worn by all participants.

Participants have the option to purchase personal accident insurance. For more information contact Chris Arena on 9474 1833 or carena@footballfedvic.com.au

Indemnity Form and Declaration

I give permission for any photographs taken of me to be used only for promoting the program.

Yes No

I fully understand and agree to the insurance terms and conditions regarding the Social Football program.

I understand that, although every precaution will be taken, FFV and Council Staff cannot be held responsible for any injury or illness or the loss, theft or damage of any personal property.

I authorise you in the event of any unforeseen accident or illness to obtain such medical assistance and/or ambulance attention and to meet the costs attached to such actions.

Printed name: _____

Signature: _____

Return completed form to:

Chris Arena
Football Federation Victoria
PO Box 318
Fairfield, VIC, 3078
Fax: (03) 9474 1899

For more information:

Email: carena@footballfedvic.com.au or 9474 1833