



HAWTHORN CITIZENS' JUNIOR FOOTBALL CLUB INC
('THE CLUB')

APPLICATION FOR MEMBERSHIP/WAIVER AND RELEASE

FORM A

Affiliated with : Yarra Junior Football League (player details will be provided to the YJFL for competition registration purposes)

Hawthorn Football Club Ltd (AFL)

SURNAME.....GIVEN NAME

ADDRESS.....

.....POSTCODE.....

DATE OF BIRTH...../...../.....

FATHER'S NAME.....

(H).....(M).....EMAIL.....

MOTHER'S NAME.....

(H).....(M).....EMAIL.....

TEAM.....SCHOOL ATTENDING.....

- 1. I understand that participating in the activities of the Club carries with it the inherent risk of physical injury, including serious injury such as permanent disability, paralysis and even death. In consideration of being allowed to participate in the activities of the Club, which includes training for and playing in football matches, I agree to release and hold harmless the Club in the event of my injury.
2. I authorize the Officials of the Club, in the event of accident or illness, to obtain all necessary medical assistance and treatment, including blood transfusions and anaesthetics. I agree that the Officials of the Club should be free of any responsibility for any accident or illness incurred during my involvement in the activities of the Club including, but not limited to, training or playing football.
3. List any relevant health issues:
4. I have read and fully understand this waiver and agree to release the Club from any liability for any injury or other losses I incur, including any acts of negligence to the fullest extent permitted by law.

SIGNATURE OF APPLICANT.....DATE.....

PARENT/GUARDIAN CONSENT (for children UNDER 18 YEARS OF AGE)

- 1. By this application, I apply for membership of the Club and agree to be bound by the Rules & Policies of the Club. I accept full responsibility for the involvement of all members of my family in the activities of the Club, and for our belongings whilst participating in such activities.
2. I consent to my child(ren) participating in the activities of the Club. I acknowledge that football can be inherently dangerous and that serious accidents can happen which may result in my child being injured, including serious injury such as permanent disability, paralysis or even death.
3. In consideration of being allowed to participate in the activities of the Club, which includes training for and playing in football matches, I agree to release and hold harmless the Club in the event of any injury to my child. As the legal parent/guardian, I have read and fully understand this waiver and agree to release the Club from liability for any injury or losses incurred by him/her, including the Club or its officers & officials acts of negligence to the fullest extent permitted by law.
4. I authorize officials of the Club in the event of accident or illness, to obtain all necessary medical assistance and treatment, including blood transfusions and anaesthetics for my son/daughter. I agree that the officials of the Club should be free of any responsibility for any accident or illness during my involvement in the activities of the Club including, but not limited to, training or playing football.
5. I confirm that I have notified the club of any relevant health issues for my child(ren).
6. I consent to my contact details on this application being used for the purposes of the Club.
7. I agree that I will return the club guernsey & jacket at the end of the season in a neat & clean condition, failing which I will reimburse the club for the cost of the garment(s).

SIGNATURE OF PARENT/GUARDIAN.....DATE.....