

PO Box 885, Kalgoorlie WA 6433 Telephone 0418 935 855 Facsimile (08) 9021 2322 Email goldfieldsfootball@gmail.com Web www.gfl.sportingpulse.net

PERMISSION TO WEAR PROTECTIVE EQUIPMENT APPLICATION FORM

Player name:	
Club:	Team Age:
Reason (please circle):	MEDICAL – complete sections A and C
	PERSONAL – complete section B and C
Team Name:	
	the reason for the request is medical. The medical certificate
must be provided with the Type of protection equipme	e application. nt:
71 1	
SECTION B: Complete if	the reason is personal. You are required to provide a brief
explanation for the application	ation:
 All protection equip 	nent must be constructed of non-metallic materials.
 Straps should be keeper 	ot firmly to the equipment and not flailing.
All protection equip	nent must be inspected and approved by a Junior Competition
Executive member	rior to use within fixtures.
I certify that my child	does not suffer from
any known disability or me	ical condition. Furthermore I take full responsibility for any injury
sustained whilst he/she is	earing the said protective headgear.
SECTION C	
Signed Parent of Guardian	
Signed Player (over 16):	
SECTION D	
	ADDDOVED by
• •	ve player to wear protection equipment was APPROVED by:
Name:	•
Position:	Date:/

Copy to be retained by the player, the Team Manager and the GFL Operations Manager. A copy of this form needs to be produced upon request by the Field Umpire officiating the match. Any doctor's reports should be copied and attached to all copies of this application.