



# SOUTH AUSTRALIA

## REGISTRATION FORM

(Please PRINT details clearly)

**Surname** ..... **Other Names**.....

**This Year** ..... **Home Club** ..... **E-Mail** .....

**Address** ..... **D.O.Birth** .....

**Telephone: Home**..... **Mobile**..... **Work** ..... **Fax** .....

**Occupation** ..... **Employer** .....

**ALLERGIES OR MEDICAL CONDITIONS:**.....

### **Emergency Contact Details:**

**Name** ..... **Relationship** .....

**Address** .....

**Telephone: Home** ..... **Mobile** ..... **Work** ..... **Fax** .....

### **WARNING AND DISCLAIMER**

**Australian Rules Football is dangerous! Participation can result in serious bodily injury and even death. Please read the following carefully before signing below.**

In consideration of Masters Australian Football (South Australia) (MAF (SA)) affiliated with Masters Australian Football Inc. approving my registration as a player in the Superules Competition I make the following acknowledgments and agreements.

1. I acknowledge that I have read the Match Rules in the MAF (SA) Fixture and Constitution Handbook and agree that I will comply with those rules, and any reasonable directions given by MAF (SA), the players club (the Club), the home team (the Host), or the administration of the oval in use, or their respective officers, employees, agents, or volunteers in relation to the Superules Competition.

2. I acknowledge that I am applying for registration as a participant in the MAF (SA) competition on the understanding that I do so at my own risk and that I will not hold MAF (SA), the Club, the Host, or their respective officers, employees, agents, or volunteers responsible for any injury, accident or illness sustained by me however caused.

3. I acknowledge that it is my own responsibility to arrange for health (including insurance cover for personal injury) and income replacement insurance cover, should I need it and that neither MAF (SA), the Club, or the Host will be responsible for the cost of, or be associated with any medical treatment which I may require in the event that I suffer or cause any injury during the course of a game. I acknowledge this in all faith.

4. If I sustain an injury I give permission for MAF (SA) to arrange any medical treatment that may be required if I am unable to do so for myself including ambulance transport, and I agree to pay all associated costs.

5. I acknowledge that it is my responsibility to undertake any, or all medical examinations prior to participating in the MAF (SA) competition to ascertain my health status. I confirm I am not suffering from any illness, or condition that would put my health at risk in the event I participate in the MAF (SA) competition. I hereby release MAF (SA), the Club, the Host, and their respective officers, employees, agents, or volunteers from all claims, proceedings, liabilities, costs and expenses arising directly or indirectly from or in relation to my participation in the MAF (SA) competition or related occurrence.

**Signed:** ..... **Date:** .....