



# PRO SOCCER COACHING

## Application Form

Please complete and return to [prosoccercoaching@outlook.com](mailto:prosoccercoaching@outlook.com)

### Applicant (Player) details:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Player Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Current Football Club: \_\_\_\_\_

Current Team: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Coaches Contact details:  
(mobile/email) \_\_\_\_\_

Current Training nights: \_\_\_\_\_

Preferred Position: \_\_\_\_\_

Please provide further information on your playing career – clubs, representative teams, school, awards or any other information which will support your application.

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Do you have an Australian Passport?      Yes       No

Do you have an Italian Passport?      Yes       No

Do you have a European Passport?      Yes       No

# Injury/Health Details and Consent Form

Please complete and return form with your application

## Player details:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Emergency contact details:

Contact 1:	Contact 2:
Name:	Name:
Contact Number:	Contact Number:
Relationship to player:	Relationship to player:

## Medical Information:

Do you have Ambulance cover: Yes  No  Medicare Number: \_\_\_\_\_

Do you have Private Health Insurance? Yes  No  Name of Fund: \_\_\_\_\_

Are you subject to seizures, fainting, epilepsy, diabetes or any other condition which may affect your safety?

Yes  No Please provide details: \_\_\_\_\_

Are you allergic to:

Penicillin  \_\_\_\_\_  
Other  \_\_\_\_\_

Are you on any medication which may affect your safety during training?

Yes  No Please provide details: \_\_\_\_\_

Please provide any other information which will enable the organisers to provide a more effective level of care  
i.e Existing or current Injuries, **Asthma**, Cultural Considerations etc

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Where it is not practical to communicate with yourself or your emergency contact, I authorise the coach/organisor in charge of training to consent to receiving such medical treatment as may be considered necessary. I am aware that the Pro Soccer Coaching insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

I give permission for my name, photograph or image to appear in Pro Soccer Coaching publications such as, posters, flyers, newsletters, website and social media (facebook and twitter)

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Date

If Under 18, please add Parents Name and Signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date