



PRO SOCCER COACHING

Details Form

Please complete and return to prosoccercoaching@outlook.com

Applicant (Player) details:

Full Name: _____ DOB: _____

Phone: _____ Email: _____

Address: _____

Current Football Club: _____ Preferred Position: _____ Kit Size _____

Do you have an Australian Passport? Yes No

Do you have a European Passport? Yes No If Yes Country: _____

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: _____

Do you have any allergies or special dietary requirements? If so please explain: _____

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

Where it is not practical to communicate with yourself or your emergency contact, I authorise the coach/organizer 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 _____