



Geraldton Junior Soccer Association (Inc)

PO Box 1393, Geraldton, WA, 6531

Email: geraldtonjuniorsoccer@gmail.com

Website: www.geraldtonjuniorsoccer.net

CONSENT TO PLAY IN A DIFFERENT DIVISION

FORM 'A' - GJSA COPY

PLAYER NAME:
D.O.B:
CLUB:
ELIGIBLE COMPETITION:
REQUESTED COMPETITION:

PARENT / GUARDIAN CONSENT:

On behalf of my child, I wish to give my consent for him / her to participate at the nominated level of competition, as stated above. I acknowledge that his / her participation is at the discretion of the registered Club and cannot occur without their written consent.

I am happy for my child to play in both their eligible competition and their requested competition, ie, 2 games on same day. (please tick) **YES** ☐ **NO** ☐

I also agree to indemnify and keep indemnified the GJSA of any legal proceedings in the event of injury occurring in playing in the nominated level of competition, and that the GJSA would be within its right to cancel the player's registration and insurance cover.

Name: _____

Signature: _____ Date: ____/____/____

CLUB CONSENT:

On behalf of the Club, _____, we wish to acknowledge the above player's capabilities in playing outside of their age group and give our consent for them to participate in the nominated level of competition.

Name: _____ Position: _____

Signature: _____ Date: ____/____/____



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CONSENT TO PLAY IN A DIFFERENT DIVISION

FORM 'B' - CLUB COPY

PLAYER NAME:
D.O.B:
CLUB:
ELIGIBLE COMPETITION:
REQUESTED COMPETITION:

PARENT / GUARDIAN CONSENT:

On behalf of my child, I wish to give my consent for him / her to participate at the nominated level of competition, as stated above. I acknowledge that his / her participation is at the discretion of the registered Club and cannot occur without their written consent.

I am happy for my child to play in both their eligible competition and their requested competition, ie, 2 games on same day. (please tick) **YES** ☐ **NO** ☐

I also agree to indemnify and keep indemnified the GJSA of any legal proceedings in the event of injury occurring in playing in the nominated level of competition, and that the GJSA would be within its right to cancel the player's registration and insurance cover.

Name: _____

Signature: _____ Date: ____/____/____

CLUB CONSENT:

On behalf of the Club, _____, we wish to acknowledge the above player's capabilities in playing outside of their age group and give our consent for them to participate in the nominated level of competition.

Name: _____ Position: _____

Signature: _____ Date: ____/____/____

