



# Latrobe Valley Dodgeball League Parent/Guardian consent form.

Player's under the age of 18 must have a parent/guardian/carer sign this form for them to be eligible to play.

- By signing this consent form you are confirming that the below named participant (henceforth referred to as “the participant”) is 14 years of age or over.
- By signing this form you conform that the participant is medically fit to participate and has obtained medical clearance if required (please attach.)  
Should there be an existing condition or you become aware of a medical condition that could adversely affect the participant’s health through playing dodgeball, or are unsure if the participant is able to safely participate you should contact the committee before commencing/resuming their participation in games.
- By signing this consent form you/the participant are agreeing to follow Latrobe Valley Dodgeball League's rule set, policies and code of conduct. (Please contact our committee if you do not have these).
- By signing this consent form you/the participant have agreed that any image or video recorded by the Latrobe Valley Dodgeball League of the participant may be used for the purpose of advertisement and social media by the Latrobe Valley Dodgeball League and/or our affiliates (Including but not limited to: Victorian Dodgeball League, Australian Dodgeball Federation, Gippsport & Latrobe leisure).
- By signing this consent form, you are acknowledging;  
That the participant will be playing a sport in which they will have foam dodgeballs thrown at their body.  
The league is 14 years of age and up, in which the league members are mostly adults and the sport can be competitive in nature.  
The relevant committee members have obtained a working with children check, however not all league members are required to do so.
- By signing this form, you acknowledge that you have given consent for participation from the date nominated below until such a time that you revoke consent in writing or until the participant is 18 years of age and will no longer need parental or legal guardian consent.

Participant’s name: \_\_\_\_\_

Participant’s date of birth: \_\_\_\_\_

Parent/Guardian/Carers name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_.

Email: [latrobevalleydodgeball@gmail.com](mailto:latrobevalleydodgeball@gmail.com)

LATROBE VALLEY DODGEBALL LEAGUE