

## 2025 PLAYER REGISTRATION FORM

PLAYER DETAILS	
Player Name	
Date of Birth	
Address	
Email	
Primary Contact Number	

EMERGENCY CONTACT DETAILS	
Emergency Contact Name	
Emergency Contact Relation	
Emergency Contact Number	

AFL REQUESTED INFORMATION	
AFL Team Supported	
Do you identify as an Aboriginal or Torres Strait Islander?	
Country of Birth	
Mother's Country of Birth	
Father's Country of Birth	

FIDA ELIGIBILITY	
Disability Details	

Is this player registered with Sports Inclusion Australia?	
If so what is this player's registration number?	
Did/Does this player attend a special school?	
What School did/does this player attend?	
If this player attended a Mainstream school did you have a teachers aide for intellectual disability?	
Does this player have a Disability Support Pension or NDIS registration under the category of Intellectual Disability?	
Is this player registered with a Disability Service Provider under the category of Intellectual Disability?	

#### ADDITIONAL REGISTRATION CONSIDERATIONS

Is this player under 14?	
If so, do they have parental permission to play in FIDA?	
Is this player over 40?	
If so, have they provided the club and league with medical clearance to participate in FIDA? (to be kept on hand by club officials)	
Does this player want to be registered as a non-tackle player?	
If so, have they provided the club and league with a medical certificate outlining reason why?	

### MEDICAL INFORMATION – PRE-EXISTING CONDITIONS

Does this player have any pre-existing medical conditions of which the club or FIDA should be aware?

Yes; please tick and provide further details below

No

	Musculoskeletal Condition	
	Abnormal Blood Pressure	
	Cardiovascular Condition	
	Respiratory Condition	
	Joint Surgery	
	Neurological Condition	
	Epilepsy	
	Skin Condition	
	Asthma	
	Anaphylaxis	
	Diabetes	
	Other Medical Conditions	
	Are there any movements that should be avoided by the participant?	

### MEDICAL INFORMATION – ALLERGIES AND MEDICATION

Does this player have any ALLERGIES of which the club or FIDA should be aware?

Yes; please tick and provide further details below

No

	Allergy	
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Does this player have any MEDICATIONS of which the club or FIDA should be aware?

Yes; please tick and provide further details below

No

	Medication	
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Is there any other relevant information which may affect treatment in an emergency?

Yes; please tick and provide further details below

No

	Please advise	
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## PLAYER CODE OF CONDUCT

All Players within the Victoria FIDA Football League are to uphold the below behaviour expectations.

All players are required to watch the Player Code of Conduct Video before each match and display the expected behaviour. The video can be found at [<https://fida.org.au/player-code-of-conduct>]

1. I will abide by the rules of the game and rules set down by my Coach, Club and League as outlined in FIDA Handbook.
2. I will respect the rights and worth of every person, regardless of their age, race, gender, ability, cultural background, sexuality, or religion.
3. I will never argue with an Official or Umpire. If I disagree, I will speak with my Captain, Coach or Team manager to ask them to approach the Official during a break or after the competition.
4. I will always show respect for Umpires and respect decisions made even if I do not agree with them.
5. I will Control my temper. Verbal or physical abuse of Officials, Umpires, spectators, or other Players, deliberately distracting or provoking an opponent is not acceptable or permitted.
6. I will work equally hard for Myself and my Team. My Team's performance will benefit, and so will I.
7. I will be a good sport. Applaud all good plays whether they be by my Team, opponent, or the other Team. I will be proud to walk off the ground after each game knowing that I have given my best and never involve myself in an argument with opposing Players, Umpires, or Officials.
8. I will conduct myself at a high level of personal behaviour on and off the field in such a manner so as not to bring my Club, the League, or the game of Australian Football into disrepute by displaying good sportsmanship always.
9. I will treat all Players, Coaches, Umpires and Volunteers with respect as I would like to be treated. Do not interfere by, bullying, intimidating, or taking unfair advantages of other players. This includes on and off the field, online via social media as per the FIDA **Social Media Policy** (Error! Reference source not found.)
10. I will co-operate with my Coach and Teammates and respect the ability of my opponent. Without them there would be no game.
11. I will play for the 'fun of it' and within the **SPIRIT of FIDA**. My involvement to play is for fun and enjoyment, winning is only part of it.
12. I will be responsible for my actions, as Any Player found to be in breach of the above code of conduct may be called to front the Tribunal, for potential disciplinary action.

## PRIVACY

The primary purpose of FIDA obtaining the information contained in this form is in relation to your application for your Player Registration. FIDA may also use your information for a purpose that is associated with its Player Registration program and other purposes agreed to by you, as well as in accordance with the AFL privacy policy. FIDA will take reasonable steps to protect your personal information from misuse or unauthorized disclosure. To access the AFL Privacy policy please visit [www.afl.com.au/privacy](http://www.afl.com.au/privacy)

- I do not want to receive information directly from FIDA including promotional materials.
- Photo Consent:** FIDA may use images of participants taken in games for marketing and promotional purposes on their website, social media platforms or in promotional material.
- Publication Approval:** Team lists and participant stats are publicly accessible via PlayHQ and League websites. In accordance with the Australian Football Privacy Policy which can be accessed via [www.afl.com.au/privacy](http://www.afl.com.au/privacy).

**Participant's Name:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If these forms were completed with the assistance of a club official, care provider or parent/guardian please provide details below;

**Name:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_