

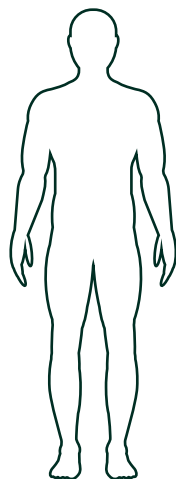
# Touch Football Medical Clearance Form



## Doctor

My patient \_\_\_\_\_ wishes to participate continue to participate in Touch Football competitions and/or Touch Football related activities, after having discussed their medical condition(s) with me. He/She has been advised of all risks associated with participating and understands the possible consequences.

Provide information relating to the condition. Use the interactive diagram of the body to indicate injured body parts.



Physician's Recommendations
1.
2.
3.

Signature

Contact Number

Name (please print)

Date

## Patient Consent/ Disclaimer

I \_\_\_\_\_, consent to participate in Touch Football competition(s) and/or Touch Football related activities coordinated by (insert affiliate name) \_\_\_\_\_.

I have sought medical advice by the above physician, and have been advised of all risks and consequences associated with my pre-existing and/or current medical conditions(s).

I also understand whilst participation is actively encouraged at all levels in Touch Football, the insurance cover purchased by Touch Football Australia (TFA) will not respond to some pre-existing medical conditions and that I continue my involvement at my own risks.

Signature

Date

## FOR STATE/ TERRITORY ADMINISTRATOR (OFFICIAL USE ONLY)

Date Received	
Office Approved	
Approved by	