



Gareth Edds Soccer Academy

Small Sided Games Form.

Soccer Player/Member Name

Name.....Date of Birth.....

Small Sided Games (SSG) Age Group.....Date.....

Gareth Edds Soccer Academy – named GESA through out form.

Soccer Training Terms and Conditions

For ALL Students/Players both under the age of 18 and above.

1. GESA must agree and accept player/member for single training session.
2. **Please delete as appropriate**
 - My child has no medical conditions.
 - Any medical conditions that my child has I agree to complete the GESA medical form & accept ALL Liability.
3. I agree to GESA photo/video permissions and GESA Player Code of Conduct, that is available to all via web <http://www.gesa-elite.net/#!/download-page>.
4. During ALL training & SSG the weather can be hot and in summer months heavy rain may also occur. GESA will continue sessions in these conditions when safe. However, we do stop and place the children inside during lightening storms. Children can take shade and water at any point during the session, they must let GESA personnel know before leaving the session so as to ensure they will not be alone.

Terms and Conditions Agreement: The terms and conditions stated herein are final.

Liability: I accept that participating in exercise has a risk of causing injury, both minor and potentially major.

Exclusion of Liability: To the extent permitted by law and while all reasonable care is taken, GESA Personal coaching and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence and the negligence of others) for direct, indirect or consequential loss, damage, injury, cost and expenses arising out of or connected with my participation in this activity.

THIS FORM WILL CONTINUE FOR ALL GESA SMALL SIDED GAMES. IT IS YOUR RESPONSIBILITY TO UPDATE WITH ANY CHANGES OF INFORMATION REQUIRED OR CHANGES IN MEDICAL CONDITIONS.

I/We

Being the parent/guardian of

hereby agree to ALL Terms and Conditions as stated above.

We also authorize the officials of GESA (Gareth Edds Soccer Academy), in my absence and in the event of a medical emergency, to obtain medical treatment for my son/daughter by a legally qualified medical practitioner or first aid qualified person.

Parent/Guardian Name/s

Parent/Guardian Signature/s

Date:



GESA PLAYER MEDICAL FORM

STUDENT / PLAYER DETAILS

Surname	
Given name/s	
1. Emergency Contact	
1. Emergency Contact No:	
2. Emergency Contact	
2. Emergency Contact No:	

Please circle where appropriate

1. Do you suffer from any of the following:					
Asthma	Yes	No	Diabetes	Yes	No
Allergies	Yes	No	Migraine Head Aches	Yes	No
Epilepsy	Yes	No			
Other:					
2. Do you take any medication regularly or for emergency use? If YES please provide details					
3. Do you wear an oral insert (dentures, braces etc)?				Yes	No
4. Do you wear contact lenses?				Yes	No
5. Have you suffered any major illness or injury in the last 12 months? If YES, please provide details.					
6. Are there any goods/drinks that you MUST NOT have? If so, please provide details.					

For ALL Students/Players under the age of 18.

Terms and Conditions: The terms and conditions stated herein will automatically be carried over to your new sessions without the need for a new agreement to be signed and dated. **Liability:** I accept that participating in exercise has a risk of causing injury, both minor and potentially major. **Exclusion of Liability:** To the extent permitted by law and while all reasonable care is taken, GESA Personal coaching and its Representatives cannot be held responsible and excludes all liability however arising (including liability for negligence and the negligence of others) for direct, indirect or consequential loss, damage, injury, cost and expenses arising out of or connected with my participation in this activity.

I/We.....

Being the parent/guardian of

hereby agree to ALL Terms and Conditions as stated above and authorize the officials of GESA (Gareth Edds Soccer Academy), in my absence and in the event of a medical emergency, to obtain medical treatment for my son/daughter by a legally qualified medical practitioner.

Parent/Guardian Name

Parent/Guardian Signature

Date:.....



GESA - Player Code of Conduct

Each player has a responsibility to:

1. Practice and play with enthusiasm and with a commitment to improve one's skills, those of academy mates, both individually and as part of a team.
2. Refrain from dangerous behaviour, in practices and games, and take an active part in ensuring that practices and games take place in a safe environment.
3. Refrain from engaging in horseplay and other conduct that presents a risk of injury to others or that demeans others.
4. Recognize that playing a sport requires a commitment, being reliable in one's attendance for practices and games; giving adequate notice of unavoidable absences from practices and games; being on time; being supportive of teammates, particularly those less skilful; being attentive during practices and games.
5. Refrain from unsportsmanlike play or manner.
6. Refrain from criticism of opponents (during or after games, and in sessions). **Be Respectful of ALL.**
7. Refrain from criticism of referees or other game officials, players and parents/visitors (e.g., line officials).

Parents Code of Conduct

Parents of soccer players have a responsibility to:

1. Encourage your child and other participants in GESA to abide by the rules and, in general, emphasize sportsmanship ahead of winning.
2. Explain players' code of conduct to your children and encourage them to follow it.
3. Encourage your child to play fairly and to the best of his/her ability and, when he/she does so, to provide praise and encouragement regardless of the results of those efforts.
4. Encourage your child to respect his teammates, coaches, team manager, referees, opponents and Parents/visitors.
5. Encourage your child to refrain from dangerous play during games and practices.
6. Cheering for your child is great, but please refrain from coaching from the sidelines or near the goal.
7. Refrain from criticism of players, coaches, referees, opponents and other parents/visitors during games/training and in the presence of your child or other children. Constructive criticism, when you feel necessary, should be directed towards your teams' coaches in private, and NOT other members, parents or visitors.
8. Work alongside GESA and all other parents to encourage a healthy team environment, sportsmanship, and respect of ALL.
9. When able, assist with tasks as requested by coaches or managers (e.g., putting nets away after games, providing half-time snacks, etc).
10. Ensure attendance at games and practices and if absences are unavoidable, to give adequate notice to coaches or manager.
11. Complete and update (as necessary) player's medical/ information sheet.

Players Name

Signature.....Date.....

Parents Names

Signatures.....Date.....