



THE GOLDMAN ACADEMY

ENROLMENT FORM & AGREEMENT

PLEASE COMPLETE & RETURN TO YOUR COACH PRIOR TO COMMENCING YOUR TRAINING SESSION.

DATE: _____

PERSONAL DETAILS

PLAYER NAME: _____

PREFERRED NAME: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

CLUB: _____

ADDRESS: _____

FOR TRAINING INFORMATION & COMMUNICATION:

NAME: _____

PHONE NUMBER: _____

EMAIL: _____

EMERGENCY CONTACT DETAILS

IN CASE OF INJURY OR EMERGENCY PLEASE CONTACT:

📍 NAME: _____ RELATIONSHIP TO ME: _____

PHONE NUMBER: _____ PHONE NUMBER 2: _____

📍 NAME: _____ RELATIONSHIP TO ME: _____

PHONE NUMBER: _____ PHONE NUMBER 2: _____

ABOUT YOU

PLEASE PROVIDE A BRIEF OUTLINE OF THE GOALS YOU HOPE TO ACHIEVE BY TRAINING WITH US:



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MEDICAL HISTORY

Do you suffer from any existing medical condition or injury or impairment which you believe may impact on your ability to train? YES / NO (please circle one)

If YES please provide details:

If you answered yes to the above question it is your responsibility to ensure that you have spoken to your doctor or allied health professional prior to commencing any exercise program.

By signing the release and indemnity below you are confirming that you are suitably fit and healthy to participate in this exercise program and that a doctor or allied health professional has not advised you otherwise.

TRAINING SESSIONS

🏆 Full details of our training sessions and camps are available on our website:

www.goldmanacademy.com.au

🏆 Please ensure you arrive at training with appropriate training clothes, shoes and gloves. Please also have a water bottle for proper hydration during training and warm clothes for training in the cooler months.

ANY OTHER SUGGESTIONS / REQUESTS?



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INDEMNITY & RELEASE

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS – PLEASE READ CAREFULLY.

AGREEMENT FOR PARTICIPATION IN INDIVIDUAL/GROUP FOOTBALL/GOALKEEPER/FITNESS/STRENGTH & CONDITIONING TRAINING

The “Coach” refers to the Australian Registered Business “A.J Goldman & M.J Goldman trading as The Goldman Academy”

The “Activity” refers to participation in any individual or group training activity and general advices

- I acknowledge that it is a condition of participation in this activity that I do so at my own risk.
- I accept all risks and hereby indemnify and release the coach, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly or indirectly associated with the coach, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with my participation in this activity.
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.
- I acknowledge that participation in this activity may involve risk of serious injury or even death from various causes including over exertion, dehydration, equipment failure, and accidents with equipment and surroundings.
- I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of the activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my coach will be immediately informed. By continuing to participate in this activity I accept the risks despite these conditions and am still, and will always, be under the terms of this agreement.
- I certify that I am 18 years or older and that I have read this document and fully understand it.

OR

- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to above.

Signature: _____ (parent/guardian if under 18)

Full Name: _____ Date: _____

Director: _____ Signature: _____



THE GOLDMAN ACADEMY

CODE OF HONOUR

PLEASE READ WITH YOUR CHILD AND SIGN THE APPROPRIATE SECTIONS.

PLAYERS

- 1 To get respect, you must give it first.
- 2 Participate for your own enjoyment and benefit, not just to please parents and coaches.
- 3 Be a good sport. Applaud all good plays regardless of who makes them. All players are to help each other develop their skills.
- 4 Control your temper. Verbal abuse or sledging other players is not acceptable or permitted behaviours in any sport.
- 5 Cooperate with your coach and team-mates at The Goldman Academy.
- 6 Treat all participants at The Goldman Academy as you like to be treated. Do not bully other players.
- 7 Work equally hard for yourself and/or your team. You and your team will benefit from your efforts of training with The Goldman Academy.
- 8 Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion
- 9 Come prepared and ready to train. Have suitable training equipment for your session and be early.
- 10 All injuries must be reported to coaches prior to training or as they occur.

NAME: _____ SIGN: _____ DATE: _____

PARENTS

- 1 Remember that children participate in sport for their enjoyment, not yours.
- 2 Encourage children to participate, do not force them.
- 3 Focus on the child's efforts and performance rather than winning or losing.
- 4 Encourage children always to play according to the rules and to settle disagreements without resorting to hostility or violence.
- 5 Never ridicule or yell at a child for making a mistake or losing a competition.
- 6 Remember that children learn best by example. Appreciate good performances and skilful plays by all participants.
- 7 Support all efforts to remove verbal and physical abuse from sporting activities.
- 8 Respect coaches and officials' decision and teach children to do likewise.
- 9 Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.
- 10 Parents are welcome to watch all training sessions. Please respect coaching staff by not interrupting the sessions.

NAME: _____ SIGN: _____ DATE: _____



THE GOLDMAN ACADEMY

Photographs and Video Consent, Waiver, Indemnity and Release

Photographs, Videos and Recordings

I hereby grant permission to A.J & M.J GOLDMAN (of the GOLDMAN ACADEMY) and its representatives to take photographs or videos of me and to make recordings of my voice at any and all training events including but not limited to camps and weekly training sessions.

First and Last Name (Printed): _____

E-mail _____

Phone _____

Parent/Guardian Name (if under age 18): _____

Production/Location _____ Date _____

I further grant to the producers and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later Developed. I acknowledge that A.J & M.J GOLDMAN (of the GOLDMAN ACADEMY) owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature of Parent/ Guardian (if under age 18) Name Date

Signature of Witness Name Date