



## AMATEUR CONSENT FORM FOR COVID-19 PRECAUTION

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

### PLAYER DETAILS

Player's Name: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email ID: \_\_\_\_\_

Contact No: \_\_\_\_\_

### PARENT (Guardian) DETAILS (to be filled in if player is under the age of 18 years)

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email ID: \_\_\_\_\_

Contact No: \_\_\_\_\_

By signing this consent form I/we understand and agree that, I/we are aware of current situation of Covid-19 pandemic and I/we am/are willing to attend/send my child for football training and matches. I/We will not claim any compensation, if I/my child get affected with Covid-19.

Player's Signature: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_