

PAVEPLAY FOOTBALL TRIAL

PARENTAL / GUARDIAN CONSENT FORM

Player Information	
Full Name of Player:	
Date of Birth:	Age:
Parent/Guardian Information	
Full Name of Parent/Guardian:	
	Phone Number:
Email Address (optional):	
Consent Declaration	
I, the undersigned, am the parent/legal give full consent for my	guardian of the above-named player. I hereby
child/ward to participate in the Pavepla	y Football Trial, organized by Paveplay.
I confirm the following:	
1. My child/ward is in good health and p	physically fit to take part in the football trial.
2. I understand that the trial may involve	e physical activity and sport-related contact.
3. I accept that Paveplay may capture pl the purpose of	notographs and video footage during the trial for
profiling players, scouting exposure, and	d promotional content on the Paveplay platform.
4. I understand that while Paveplay will of all participants,	take reasonable precautions to ensure the safety
the organization is not liable for any injunegligence.	ury, loss, or damage unless caused by proven
5. I agree that it is my responsibility to e the trial venue.	ensure my child arrives and departs safely from
6. I understand that this consent form m for my child to be allowed to participate	nust be submitted at the venue on the trial day e.
Signature of Parent/Guardian:	Date:
Office Use Only:	
Paveplay Office Signature:	Date: