



TAC CUP MEDICAL
CONSENT FORM



I,

give consent for my medical history as recorded by the **INSERT CLUB** TAC Cup club, including all injuries or medical conditions that may impact of my ability to play football, to be provided to the Australian Football League and its clubs for the purpose of football recruitment.

I acknowledge that this consent is granted until such time as I withdraw such consent and I understand that I have the right to obtain access to my medical records from my TAC Cup club.

Signed: **Date:**
Player

Signed: **Date:**
Parent/Legal Guardian