

Match Day Football Envelope Check List

The following items must be in the Match Day envelopes duly completed and signed. The paperwork must not be altered in any way before or after use

The <u>Home Club</u> has the responsibility to collect and collate all paperwork from the officiating umpires and opposition team.

Please note that the home club must email all Reports of players to <u>michael@aflbarwon.com.au</u> no later than 6.00pm on the day of the game.

Match Day Envelopes must be delivered to AFL Barwon NO LATER than midday on Monday after the scheduled match.

Under 14, Under 16, Under 18										
2	Team sheets – Original	Team sheets – Original Produced using the AFL Vic Country Data Base, signed and handed to umpire								
1	Interchange Sheet	signed by interchange steward								
2	Goal Umpire cards	signed by both goal umpires and central umpire								
2	Timekeepers cards	signed by both timekeepers and central umpire								
1	Umpires Report	signed by all Central umpire/s officiating								
1	Best & Fairest envelope	completed and sealed by umpires								
1	Best & Fairest card (Under 14 & above)	completed and sealed by umpires								
	Player Reports	original copy of reports of players								

Under 9, Under 10, Under 12								
2	Team sheets – Original	Produced using the AFL Vic Country Data Base, signed and handed to umpire						
2	Goal Umpire cards	Signed by both goal umpires and central umpire						
1	Umpires Report	signed by all Club Central umpires officiating						



Match Report

Pre-Game

Round No

MatchFC vFC

Age G	roup	Divisio	on G	ender: M / F	Date/.		Start Time.				
1.	Marsh Mat	MARSH INSURANC	E QR								
	1. Marsh Match Day ground inspection completed via online survey link (Yes / No) (Yes / No)										
2.	Player Nur (field of pla			라 ()							
	Loa										
	A t			9							
Refused loan players											
	Post-Game										
Were t	here any ind	cidents or	issues from	the match that AF	L Barwon should b	e notifi	ed on, details below	w: 			
Yellow or Red Cards											
Playe	ers Name	No	Club	W/Y/R	Players Name	No	Club	W/Y/R			
		Nama		Field on Cool	C: market		Club if Non AEI	Damuer			
		Name		Field or Goal	Signatu	re	Club if Non – AFL	Barwon			
ires											
Umpires											
	Home	Team Ma	ınager's Sign	ature	Away Team	Manag	er's Signature				
				\neg	-						
	<u> </u>										



Interchange and Order Off Form

Round:									Division(Please Circle grade)				
Match:						FC vs.						F(С
Home T	eam		(T	ick box)			Visiting	g Team			(Tio	ck box)	
Time of Change	Player Off	Player On	ı/c	Yellow Card	Red Card	Blood Rule	Time of Change	Player Off	Player On	ı/c	Yellow Card	Red Card	Blood Rule
Interchar	nge Ben	ch at beg	ginnin	g of eac	h quar	ter							
Start			¼ Tiı	me			Start			¼ Ti	me		
½ Time			¾ Tiı	me			½ Time			3⁄4 Ti	ime		
Steward (Print na	me):					Signature	j:					

Match Venue:		Date of Inspection:		Time:		
	A T		DD/MM/YYYY	HH:YY (24)		
Yes (Acceptable) If you are satisfied the conditions are safe to start play p No (Action Required) If you find a safety concern please mark (x) the "NO Please refer to the Match Day Checklist Guidelines for further information"	O" column a	nd record your action				
1. Weather Conditions:						
1.1 In regard to player safety, are the weather conditions satisfactor	ry for play to	commence?				
2. Field of Play:						
 2.1 In regard to player safety, are the playing surfaces satisfactory for the safety is all visible debris, that may affect player safety, been removed 2.3 Are the game formats and ground markings in-line with the AFL 2.4 Are all sprinkler covers intact and level with the playing field? 2.5 In regard to player safety, are the perimeter fences and/or signs 	ed? L "Laws of th	ne Game"?				
3. Facilities:						
 3.1 In regard to safety, are the public areas (e.g. seating and walkwas) 3.2 In regard to safety, are the player's areas (e.g. change rooms) from the safety are safety areas (e.g. change rooms) from the safety are safety are the player's areas (e.g. change rooms) from the safety are the public areas (e.g. change rooms) from the safety are the public areas (e.g. seating and walkwas). 3.3 Are First Aid facilities (e.g. First Aid Kit, qualified personnel and the safety). 	ee from visil	ole hazards?				
4. Other Factors (please insert details of safety areas specific to you	ır circumsta	ances):				
4.1 Are the following area/s (below) satisfactory for play to comme	nce?	N/A				
5. Please provide details of actions taken to address your safety cor	ncerns.					
6. Declarations						
I / We declare that I / We are authorised representatives of the nominated Te I / We declare that after reasonable inquiry, the following statements are true A. the above inspection (Match Day Checklist) was completed as per the above date and ti B. all hazards, risks and safety concerns have been addressed to an acceptable level and re C. both teams are satisfied that the playing conditions are acceptable prior to the commen Who Signs the Checklist? As the home club is responsible to ensure the greater environment of the venue is safe for me form. As the away team players and entourage participate in the game under the same conditions.	e and accurate ime ecorded on this acement of play embers and gue	form (Sec. 5) ests, an authorised (18+ ye				
Home Team Authorised Representative's Name (please print)	Away	Team Authorised Repre	esentative's Name (ple	ase print)		
Position at Club	Position at Club					
Home Team Authorised Representative's Signature	Away	Team Authorised Repre	esentative's Signature			

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

 $Marsh\ recommend\ a\ copy\ of\ this\ Game\ Day\ Checklist\ is\ retained\ on\ file\ for\ seven\ (7)\ years\ by\ the\ home\ team.$

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