



## 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 **Home Club** 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 [michael@afllbarwon.com.au](mailto:michael@afllbarwon.com.au) 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	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 <b>(Under 14 &amp; above)</b>	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

Match .....FC v .....FC Round No .....

Age Group ..... Division ..... Gender: M / F Date ...../...../..... Start Time.....

- Marsh Match Day ground inspection completed via app (Yes / No)
- Player Numbers – A team had less than the maximum players (field of play); what was agreed:
  - Loan
  - A team only had one extra player
  - Refused loan players

## Post-Game

Were there any incidents or issues from the match that AFL Barwon should be notified on, details below:

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### Yellow or Red Cards

Players Name	No	Club	Y/R	Players Name	No	Club	Y/R

Umpires	Name	Field or Goal	Signature	Club if Non - GFUL

Home Team Manager's Signature

Away Team Manager's Signature



JUNIOR FOOTBALL

# Interchange and Order Off Form

Round: ..... Date: ...../...../.....

16's 14's

Division.....

*(Please Circle grade)*

Match: ..... FC vs. .... FC

## Home Team (Tick box)

Time of Change	Player Off	Player On	I/C	Yellow Card	Red Card	Blood Rule

## Visiting Team (Tick box)

Time of Change	Player Off	Player On	I/C	Yellow Card	Red Card	Blood Rule

### Interchange Bench at beginning of each quarter

Start		¼ Time	
½ Time		¾ Time	

Start		¼ Time	
½ Time		¾ Time	

Steward (Print name): ..... Signature: .....

Match Venue:  Date of Inspection:  Time:   
DD/MM/YYYY HH:YY (24)

Home Team:  Away Team:

**Yes (Acceptable)** If you are satisfied the conditions are safe to start play please mark (x) the "YES" column.

**No (Action Required)** If you find a safety concern please mark (x) the "NO" column and record your actions in the space provided

Please refer to the [Match Day Checklist Guidelines](#) for further information, terms and conditions.

(Acceptable)

(Action Required)

YES

NO

**1. Weather Conditions:**

1.1 In regard to player safety, are the weather conditions satisfactory for play to commence?



**2. Field of Play:**

2.1 In regard to player safety, are the playing surfaces satisfactory for play to commence?



2.2 Has all visible debris, that may affect player safety, been removed?



2.3 Are the game formats and ground markings in-line with the AFL "Laws of the Game"?



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 free from visible hazards?



**3. Facilities:**

3.1 In regard to safety, are the public areas (e.g. seating and walkways) free of visible hazards?



3.2 In regard to safety, are the player's areas (e.g. change rooms) free from visible hazards?



3.3 Are First Aid facilities (e.g. First Aid Kit, qualified personnel and ice) on site and accessible?



**4. Other Factors (please insert details of safety areas specific to your circumstances):**

4.1 Are the following area/s (below) satisfactory for play to commence?

N/A




**5. Please provide details of actions taken to address your safety concerns.**

**6. Declarations**

I / We declare that I / We are authorised representatives of the nominated Teams.

I / We declare that after reasonable inquiry, the following statements are true and accurate

- A. the above inspection (Match Day Checklist) was completed as per the above date and time
- B. all hazards, risks and safety concerns have been addressed to an acceptable level and recorded on this form (Sec. 5)
- C. both teams are satisfied that the playing conditions are acceptable prior to the commencement of play

**Who Signs the Checklist?**

As the home club is responsible to ensure the greater environment of the venue is safe for members and guests, an authorised (18+ years of age) home club representative signs the form. As the away team players and entourage participate in the game under the same conditions, an authorised (18+ years of age) away team representative also signs the form.

<p>Home Team Authorised Representative's Name (please print)</p> <input type="text"/> <p>Position at Club <input type="text"/></p> <p>Home Team Authorised Representative's Signature</p> <input type="text"/>	<p>Away Team Authorised Representative's Name (please print)</p> <input type="text"/> <p>Position at Club <input type="text"/></p> <p>Away Team Authorised Representative's Signature</p> <input type="text"/>
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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.**