



## CHAMPION CLUB PROGRAM



The program consists of two levels:

- **1. Foundation Level** Essential governance requirements for all clubs
- 2. Premiership Level Demonstrate outstanding governance and operational excellence

**Legal Compliance Support** - Assists clubs and leagues in meeting both State and Federal legal requirements by putting all the required information in one place

**Policy and Best Practice Guidance** - Provides access to resources and templates to ensure clubs' policies are up-to-date and align with best practices

**Strategic Goal Setting -** Encourages clubs to think strategically about their short- and long-term goals for achieving operational success

**Funding Relationship Enhancement -** Helps clubs demonstrate best practices, strengthening relationships with funding bodies e.g., local government as well as potential sponsors

**Succession Planning and Document Storage** - Offers a system for storing key documents to support volunteer handovers and effective succession planning



## CONCUSSION



CONCUSSION MANAGEMENT
LEAGUE ADMINISTRATOR GUIDE

#### DAY OF INCIDENT

- Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and must NOT be allowed to return to play in the same match or training session.
- The controlling body (league/association) MUST be notified ASAP of any concussion or suspected concussion

#### UPON NOTIFICATION

- Once a league has been notified by a club of a concussion or suspected concussion, the <u>League Administrator</u> should;
  - Suspend the player in Play HQ until seasons end
  - Provide the club with a link to the WA Football Concussion Referral & Clearance form
- If medically cleared that there was NO concussion, then the player can return to play after submitting WA Football Concussion Referral & Clearance form to the League Administrator clearing them to play.
- In this instance the <u>League Administrator</u> removes the suspension from the players Play HQ profile to allow them to return to play

#### PLAYER RECOVERY

- Every players recovery timeline will be different. A player MUST NOT be allowed to return to full contact training until they have received a medical clearance to do so
- Players must follow the Stage of Graded Return to Play WA Football Framework

#### MEDICAL CLEARANCE RECEIVED

Upon the <u>League Administrator</u> receiving a WA Football Concussion Referral & Clearance form clearing the player to return to resume full contact training and/or play, the player will be able to return to play no earlier than on or after the 21st day post the incident.

#### RETURN TO PLAY

 To facilitate this the league administrator should remove the suspension on the Players PQ profile or put an end date in accordance with the players return to play timeline.

### **AWARENESS**

- Club to notify league
- Umpire to note on match report, league to ask question

### **PLAY HQ**

- Player profile is suspended
- What if cleared of concussion (ie not diagnosed)?

#### **RETURN TO PLAY**

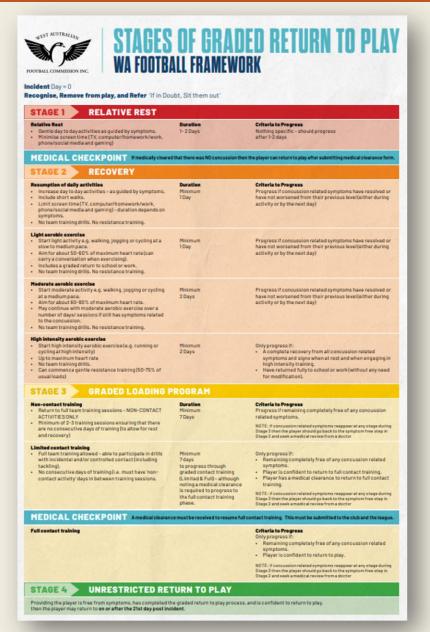
- Everyone is different
- Returned referral & clearance form
- On or post 21 days
- Suspension removed

### KEEP A RECORD

No personal info, but how, how long, year group etc.



### CONCUSSION



### **EXAMPLES OF RETURN TO FOOTBALL TIMEFRAMES**

#### Incident Symptomatic

#### Symptom Free

#### **Contact Training**

**Full Competition** 

#### KEY NOTES

- Day of incident is considered Day 0
- 14 Day symptom free period does not start until the first day the player is symptom free
- · Must receive Medical Clearance to return to Full Contact Training

Saturday	5. Saturday	12. Saturday	Saturday	Saturday
Sunday	6. Sunday	13. Sunday	Sunday	Sunday
Monday	7. Monday	14. Monday	Monday	Monday
1. Tuesday	8. Tuesday	Tuesday	Tuesday	Tuesday
2. Wednesday	9. Wednesday	Wednesday	Wednesday	Wednesday
3. Thursday	10. Thursday	Thursday	Thursday	Thursday
4. Friday	11. Friday	Friday	Friday	Friday

PLAYER IS SYMPTOM FREE ON DAY 7 (SATURDAY OF THE 2ND WEEK)					
Saturday	1. Saturday	8. Saturday	Saturday	Saturday	
Sunday	2. Sunday	9. Sunday	Sunday	Sunday	
Monday	3. Monday	10. Monday	Monday	Monday	
Tuesday	4. Tuesday	11. Tuesday	Tuesday	Tuesday	
Wednesday	5. Wednesday	12. Wednesday	Wednesday	Wednesday	
Thursday	6. Thursday	13. Thursday	Thursday	Thursday	
Friday	7. Friday	14. Friday	Friday	Friday	









# CONCUSSION

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VA FOOTBALL					
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	HILLEHHIME	u			
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PERMITABLE	Ultill				
SECTION 1: DETAILS OF THE II	NJURED PLAYER				
eam Official to complete (Manager, First Aid,		day of the injury, before			
resenting to the Healthcare Practitioner rev	lewing the player.				
ame of Player:					
ate of Birth:	Club:				
ay & Date of Injury:	Level / Grade of Co	mpetition:			
ame or Training Session:	Oval Name:	Oval Name:			
Direct head blow or knock	Indirect injury to the head or body e.g. whiplash injury	No specific injury observed			
observed, provide a short description of ho	w the injury occurred:				
		Name of the second			
he subsequent signs or symptoms were ob					
onsult the umpire or others if no specific inj					
Loss of Consciousness	Disorientation	Incoherent Speech			
Confusion Headache	Memory Loss Dizziness	Dazed or vacant stare			
Sensitivity to light or noise	Ringing in the ears	Difficulty concentrating Fatigue			
Vomiting	Blurred vision	Loss of balance			
	biorred vision	Loss of balance			
her:		TORREST OF THE PARTY OF THE PAR			
ther:	Yes	No			
	163				
ere any RED FLAGS observed?		ncy Department			
ere any RED FLAGS observed?		ncy Department Seizure or convulsion			
ere any RED FLAGS observed? any of these RED FLAGS are observed, then	refer immediately to the closest Emerge				
	refer immediately to the closest Emerge	Seizure or convulsion			

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WA FOOTBALL CONCUSSION REFERE	DAL & PLEADANCE CODM
NA I DOLDALL GOUGGOODIN HELENI	INCO OCCANANOC FORM
Was the player referred immediately	to the Emergency Department? Yes No
loes the player have a previous histo	ory of concussion?
s this their first concussion in the pa	sst 12 months? Yes No
f NO, how many concussions in the p	est 12 months?
What was the date (approximate) of ti	heir last concussion?
low long (in weeks) did it take them to	o Return to Play following their last concussion?
Name:	Role:
Signature:	Date:
Please take a photo of this sheet for yo	our and the clubs records and provide this form to the player or parent / guardian.
niured Person or Parent / Legal Gua	rdian Consent (for persons under 18 years of age)
	(linsert name) consent to (linsert name) consent to (linsert iding information if required to my club/league/school regarding my head injury or rmation I have provided the doctor has been complete and accurate.
	Signature:Date:
SECTION 2: HEALTHCAR	
SECTION 2: HEALTHCAR A Healthcare Practitioner ideally wou	RE PRACTITIONER CONSULTATION
SECTION 2: HEALTHCAR A Healthcare Practitioner ideally wou WA Football recommends that all play utfered concussion. The player has been informed that thi	RE PRACTITIONER CONSULTATION ald see the injured player within 72 hours of the injury
SECTION 2: HEALTHCAR A Healthcare Practitioner ideally wou WA Football recommends that all play uffered concussion. The player has been informed that the to assess the individual and guide the Detailed guidance for you, the Healthc	RE PRACTITIONER CONSULTATION  uld see the injured player within 72 hours of the injury  yers who have suffered a concussion or a suspected concussion MUST be treated as having  ey must be referred to a Healthcare Practitioner. Your role as a Healthcare Practitioner is
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SECTION 2: HEALTHCAR A Healthcare Practitioner ideally wou WA Football recommends that all play suffered concussion. If he player has been informed that the o assess the individual and guide the Detailed guidance for you, the Healthc Sport website - https://www.concuss Please note: Any person who has bee he Graduated Return to Sport Frame BRADED-RETURN-TO-SPORT-FRAME	REPRACTITIONER CONSULTATION  Ild see the injured player within 72 hours of the injury yers who have suffered a concussion or a suspected concussion MUST be treated as having ey must be referred to a Healthcare Practitioner. Your role as a Healthcare Practitioner is if progress over the remaining steps in the process.  Dare Practitioner, on how to manage concussion can be found at the Concussion in Australian ioninsport.gov.au/medical_practitioners  en diagnosed with a concussion or is suspected of having a concussion MUST follow the mork—https://www.concussioninsport.gov.au/data/assets/pdf_file/0006/133466/ EWORK-COMMUNITY-AND-YOUTH.pdf  r 14 days before returning to any contact or collision training. The minimum time for a ontact) is 21 days.
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WA FOOTBALL CONGUSSION REFERRAL & C	CLEARANGE FORM
SECTION 3: CLEARANCE APP	MATERIAL COST
(Healthcare Practitioner's name)	have reviewed
to me by them and their family / support per	(persons name) today and based upon the evidence presented son, and upon my history and physical examination, I can confirm:
I have reviewed Section 1 of this form a	and specifically the mechanism of injury and subsequent signs and symptoms.
The person has been symptom free for	r at least 14 days.
The person will not return to competit	ive games / contact less than 21 days from the time of concussion.
The person has completed the Gradua recurrence of symptoms.	ted Return to Sport Framework process without exacerbating / evoking any
	udy or work normally and has no symptoms related to this activity.
	nd the Concussion in Sport Position Statement / Framework that is available via
https://www.concussioninsport.gov.au/me	
I also confirm that I am an AHPRA regis concussion assessment and managen	stered health care practitioner that has appropriate training and experience in nent to make this assessment.
	ourn to full contact training and if they successfully complete contact training
	n may return to playing sport with competitive contact not less than 21 days from the
Please Note: An official medical clearance of	n practice letterhead is also required.
Healthcare Practitioner's Name:	
realmedic i ractitioner sittanic.	
Practice Name:	Provider #:
	Provider#:
Practice Name:Signed:	
Signed:	Date:
	Date:
Signed:	DIAN SIGN OFF
SIGNED: SECTION 4: PLAYER / GUARD	Date:  DIAN SIGN OFF  (player / guardian name) have fully recovered from the symptom:
SECTION 4: PLAYER / GUARE  I, of concussion, and I am healthy and fit to read provided them with complete and accur	Date:  DIAN SIGN OFF  (player / guardian name) have fully recovered from the symptom: sume contact training. I have presented to an appropriate healthcare practitioner rate information on my initial symptoms and subsequent recovery and have been
SECTION 4: PLAYER / GUARE  I. of concussion, and I am healthy and fit to re and provided them with complete and accur medically cleared to return to contact train	Date:  DIAN SIGN OFF  (player / guardian name) have fully recovered from the symptom sume contact training. I have presented to an appropriate healthcare practitioner
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SECTION 4: PLAYER / GUARE  I. of concussion, and I am healthy and fit to re and provided them with complete and accur medically cleared to return to contact train	Date:    DIAN SIGN OFF
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Signed:  SECTION 4: PLAYER / GUARD  I, of concussion, and I am healthy and fit to re- and provided them with complete and accur medically cleared to return to contact traini concussion.  Signature:  SECTION 5: CLUB SIGN OFF  The process following a concussion, and have si	Date:    Diann Sign Off
Signed:  SECTION 4: PLAYER / GUARD  I. of concussion, and I am healthy and fit to rei and provided them with complete and accur medically cleared to return to contact traini concussion.  Signature:  SECTION 5: CLUB SIGN OFF  The  process following a concussion, and have si has been completed and the player has been post injury. We also acknowledge that the player has been	Date:  (player / guardian name) have fully recovered from the symptoms sume contact training. I have presented to an appropriate healthcare practitioner ate information on my initial symptoms and subsequent recovery and have been nig. I will not commence competitive contact (games) prior to 21 days post my  Date:  Date:  Football Club (name of club) are aware that (name of player) has undertaken a graduated Return to Play ghted the medical certificate as required. The above Healthcare Practitioner sign of approved to Return to Contact training (noting that this must not be prior to 14 days) layer will not return to competitive games prior to 21 days post their concussion. As
Signed:  SECTION 4: PLAYER / GUARD  I. of concussion, and I am healthy and fit to rei and provided them with complete and accur medically cleared to return to contact traini concussion.  Signature:  SECTION 5: CLUB SIGN OFF  The  process following a concussion, and have si has been completed and the player has been post injury. We also acknowledge that the player has been	Date:  DIAN SIGN OFF  (player / quardian name) have fully recovered from the symptom: sume contact training. I have presented to an appropriate healthcare practitioner rate information on my initial symptoms and subsequent recovery and have been ng. I will not commence competitive contact (games) prior to 21 days post my  Date:  Football Club (name of club) are aware that (name of player) has undertaken a graduated Return to Play











## RULES & REGULATIONS

- Change in WAFL permits (No Game Day, Multiple Season Permits, June 30)
- Unbecoming behavior → League Investigations
- Play Downs
  - These, in normal instances, can be approved by the controlling body (doesn't need to come to CFWA). Done in accordance with Junior Match Policy.



# SET PENALTIES

- If unsure, ask!
- It will not be heard by a tribunal if at first the grading appears to not fall inline with the grading matrix
- If the incident sits within the grading for a set penalty to be offered it must be offered, can't be sent direct to a tribunal

#### WAFootball

#### Grading Matrix – Senior Leagues

The below matrix is to be used by **Senior League's** for grading Classifiable Offences. A Classifiable Offence is a Reportable Offence specified in the National Community Football Policy Handbook.

Conduct	Impact	Contact	Base Sanction	Early Guilty Plea
	Severe	High / Groin / Chest	5+ Matches (Tribunal)	Not Applicable
		Body	4+ Matches (Tribunal)	Not Applicable
	High	High / Groin / Chest	4 Matches	3 Matches
Intentional		Body	3 Matches	2 Matches
	Medium	High / Groin / Chest	3 Matches	2 Matches
	Medium	Body	2 Matches	1 Match
	Low	High / Groin / Chest	2 Matches	1 Match
		Body	1 match	Fine and/or reprimand

	Severe	High / Groin / Chest	4+ Matches (Tribunal)	Not Applicable
		Body	3 Matches (Tribunal)	Not Applicable
	High	High / Groin / Chest	3 Matches	2 Matches
		Body	2 Matches	1 Match
Careless		High / Groin / Chest	2 Matches	1 Match
	Medium	Body	1 Match	Fine and/or reprimand
	Low	High / Groin / Chest	1 Match	Fine and/or reprimand
		Body	1 Match	Fine and/or reprimand

Note: Chest applies to Female Footballers only



# **TRIBUNALS**

- Please let us know
- The supporting documentation is needed
- Wednesday night hearings\*
- All online, not in person

1.	SUNDAY
	Leagues to receive notifications and details of Red and Yellow cards from Umpires.
	Leagues to receive notification of any set penalties offered by the umpires.
	Leagues to review any of the set penalties red/yellow card offences against League bylaws and the grading matrix to determine if the suitable penalty was offered. If the penalty that was offered on the day, does not align with the grading matrix advise the player's club and umpires of the change in grading and subsequent change in set penalty offer.
2.	MONDAY MORNING
	Leagues to advise early guilty plea acceptance of set penalty by reported individuals (deadline of Monday 5pm).
	Advise Country Football WA (Kellie - South or Zoe - North) of any potential tribunal cases by Monday 12pm. Ensure you flag any direct to Tribunal charges or serious incidents.
3.	TUESDAY MORNING
	Confirm with Country Football WA (Kellie – South or Zoe - North) any cases that will be progressing to Tribunal. Email them the below details.
	Umpire Match Report (only written document required).
	Reported individuals' details – name, date of birth, contact number, jumper number, team.
	Victims' details – name, date of birth, contact number, jumper number, team.
	Reporting Umpires details – name, contact number.
	Advocate details for any of the above – name, relationships and contact number.
	Details of the incident including the graded charge.
	Any prescribed penalty offered by the League.
	Any relevant League bylaws that need to be considered by Tribunal panel members.
4.	TUESDAY AFTERNOON
	Upon receiving details from WAFC Tribunal Administrator or Country Football WA, advise all parties that Tribunal will proceed and provide details of date and Tribunal process.
5.	WEDNESDAY MORNING
	Advise all relevant parties of Tribunal time and online link, if not previously confirmed.
	Advise Country Football WA (Kellie - South or Zoe - North) of any parties (Victim or Umpire) unable to attend Tribunal and discuss alternative options to providing relevant information required.
6.	THURSDAY MORNING
	Once received from WAFC Tribunal Administrator, confirm tribunal outcome with Offenders Club. Ensure appeal procedure and deadline is included with notification.
	Confirm with Country Football WA (Kellie - South or Zoe – North) as soon as possible if Offender or Club elects to appeal outcome.



### Registration

Compulsory for all umpires

### **Competition Management**

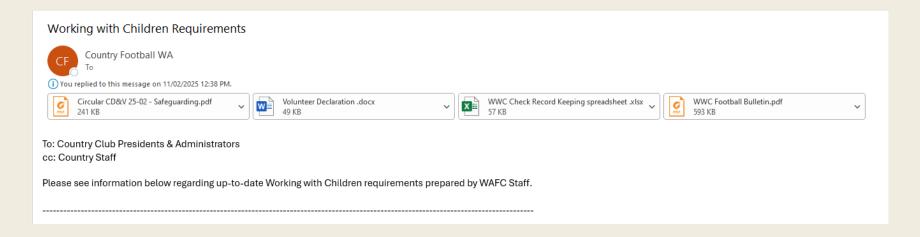
- All online completed by the allocated umpires (leagues can set up and capture any information they
  want and be notified immediately of an incident)
- Awards online
- All umpires can be played by the league by EFT (No Cash, No need to make multiple transactions to pay all umpires
- Club Umpire utilisation



## WORKING WITH CHILDREN

- What are your league/club responsibilities?
- Umpires
- Have you seen the memo?







## PAID PLAYER



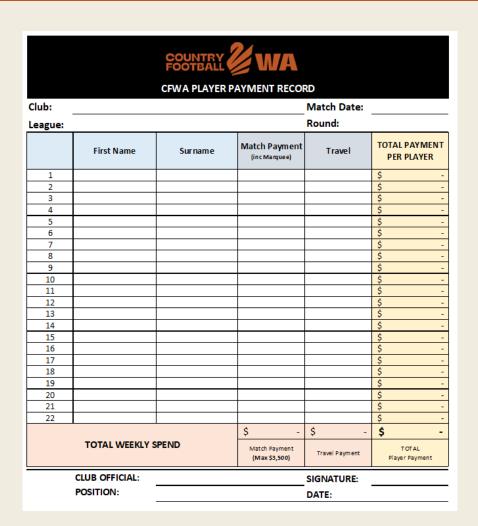
Increase in the weekly cap

More parameters around Coach payments



Reduction in travel \$\$

No weekly reporting on awards\*





# PAID PLAYER

What do clubs need to do?

	FOOTBALL WAR					FOOTBALL WWA
(th)	STANDARD COACH CONTRACT		5			CLUB PAID PLAYER DECLARATION
TRAVEL APPROVAL FOR 2025 PAID PLAYER DOCUMENTATION  REQUEST FOR PLAYER TRAVEL APPROVAL - FORM	This declaration is made between ("the COACH")	COUNTR	x <b>&amp;w</b>	MARQUEE PLAYER AP		ayer Rules & Regulations have been in place for Country Football WA Affiliated Senior
League:	("the club")         Football Club as a member club of           ("the league")         Football League, dated         /        /	REQU	JEST FOR MAR	QUEE PLAYER PAYMENT APPROVA		s and Clubs since 2017. ectives of these Rules and Regulations are to:
Club: PLEASE NOTE: CFWA Rule & Regulation 4.4(c)	Coaching role/position (ie League Head Coach or League Assistant Coach):	League:			_	Protect the integrity of competitions; Assisting Clubs with their sustainability;
a) A player can qualify to receive a travel fee for matches in which the player travels greater than 200km (return from their suburb of residence to attend. Players, upon request, must be able to demonstrate that they are residing at the address provided. This payment must be approved by CPWA via a Travel Payment Applicatiform prior to any payment being made. Payments must be recorded on CPWA's Paid Player Spreadshort.	The declaration is relevant for the following playing season:					Reduce the amount of money needed to field a side through putting a ceiling on inflationary pressures.
Distance (km's return)	associated with the club.  Contract payment amount Complete as per agreement reached: \$	CFWA Rule & Regulation 4.4 (a) a) Each CFWA Club is allowed to pay one 'Marquee Player' up to \$1,000 per match provided the player meets the listed criteria (see Rules & Regulations 4.8). All Marquee payments must be included within the club's weekly cap of \$3,500.  CFWA Rule & Regulation 4.8 For Marquee Player's receiving greater than \$550 in payments per match, the Club must ensure the following conditions are met:			ical that Clubs which make player payments are compliant with these rules to ensure the res listed above are met and to support the Clubs abiding by the Rules & Regulations. Hilliated Club President, I declare:	
400km - 499km \$150 500km + \$200	Manner and dates for payment (e.g. each month, at the end of season etc).			e following	I have read and understood the CFWA's Paid Player Rules & Regulations in their entirety;	
NOTE: The address provided MUST match the Player's registration within PlayHQ. Approval will not be granted for an amount where a player is not registered with your Club or address does not match PlayHQ registration.					I am aware of my Club's responsibilities and the powers of the CFWA investigation process;	
First Name Surname Suburb/Town Currently Residing S Amount Applicable App The Coach must comply with the following obligations: (e.g. the Club's Code of Co		<ul> <li>a) The Marquee Player must have a signed Standard Paid Player Contract lodged with CFWA three business days before the player participates in a sanctioned match.</li> <li>b) Payment to a Marquee Player does not alter Rules &amp; Regulations 4.1.</li> </ul>			I understand that as President of the Club we have a responsibility to manage all player payments to do with the Club in accordance with the CFWA Paid Player Rules & Regulations and will take appropriate measure to ensure my Club's compliance;	
2		CFWA Rule & Regular		e must fill a minimum of one of the following criteria:		I am aware of the significant consequences that being found guilty of a breach of the Paid Player Rules & Regulations could have on:
4 5 6 7	The club and coach acknowledge that this declaration has been entered into declaration shall only be valid, when the coach becomes affiliated through Coac This declaration shall terminate on the $31^{\rm st}$ day of October in the year referred to $\iota$	<ul> <li>a) Been on an Af</li> <li>b) Played a minir</li> <li>c) Haven written</li> </ul>	L Club list (Including R num of 50 State League	ookie List). e (League grade) games. pased on elite performances in Country League and R		a) our Club b) our community and c) individuals involved with our Club
8 9	THIS DECLARATION MUST COMPLY WITH COUNTRY FOOTBALL WA'S PA	First Name	Surname	Qualifying Criteria for Marquee Status (4.9 above	) CFWA Approval	
10	AND REGULATIONS. THE PENALTY FOR NON- COMPLIANCE INCLUDES PLA SUSPENSIONS, LOSS OF MATCH POINTS AND FINES.					
By submitting this form the club is agreeing to the following:	SOST ENGIONS, EOSS OF MATCHT ONLYS AND TIMES.		-			
<ol> <li>That the player's place of residence is accurate and agrees to provide proof, through provision of a copy of ti player's driver's licence or other documentation confirming their place of residence if requested.</li> </ol>		By submitting this for	m the club agrees to th	e following:		ent's Signature:
2) Is aware that providing false information could lead to sanctions imposed in line with the Paid Player Rule &	Coach Signature Club Signature (by its duly authorised	1) Providing false in	formation could lead to	sanctions imposed in line with the Paid Player Rule	& Regulations.	
Regulations.  3) To provide updated information to the CFWA should a player's place of residence change during the season.						ent's Name:
<ol> <li>That ONLY players approved by the CFWA are eligible to receive the player travel payment.</li> </ol>		Club Official:		Signature:		
Club Official: Signature: Position: Date: / /	Coach (print name) Club (print name & position at club)	Position:		Date:		
		OFFICE USE				
OFFICE USE  CFWA: Signature:						
Position: Date://		CFWA:		Signature:		
2025 CFWA PAID PLAYER DOCU.	MENTATION	Position:		Date:		



## PROMTIONAL ROUNDS

### **BELT UP ROUND**

- 16, 17, 18 May
- Compulsory for all senior CFWA leagues
- Footballs, signage, social media
- More info to follow in the lead up

### THINK MENTAL HEALTH ROUND

- 13, 14, 15 June or 20, 21, 22 June
- Compulsory for all senior CFWA leagues
- Footballs, goal post wrap, signage, social media
- More info to follow in the lead up



## LISCENSED SUPPLIERS

### **LEAGUES & CLUBS**

- All on field playing apparel
- There will be an audit
- If previous supplier, change before 2026

### **UMPIRES**

ISC are statewide exclusive supplier















## **COUNTRY CHAMPIONSHIPS**

### **MENS & COLTS**

- Predominantly Perth metro (some in Mandurah)
- Finalising venues & fixtures
- Looking to change traditional Thursday evening launch

### **WOMENS**

- Venue TBC, hoping to make an announcement ASAP
- Looking to provide significant support to our leagues to support 2025

### **APPAREL**

- \$\$\$ to support reversible jumpers
- No competing sponsor logos
- CFWA logo (who doesn't have)