**AQUINAS JUNIOR FOOTBALL CLUB**

**APPLICATION FOR REGISTRATION 2017**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLAYER DETAILS** | | | | | |
| **Player’s name** |  | | | | |
| Address |  | | | | |
| Phone (Home) |  | | Player’s Mobile | |  |
| Date of Birth |  | | Player’s email | |  |
| Club Transferring From  -if applicable |  | | Year last Played at that Club | |  |
| AGE GROUP - Players must under the relevant age at 1st January | | | | | |
| Age group for which player is registering | | Under 13 (Circle) | | Under 14 (Circle) | |
| Birth Certificate Number |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FAMILY DETAILS** | Name | | Occupation | |  | Contact Details |
| **Father’s Name** |  | |  | | Fathers mobile |  |
|  |  | |  | | Father’s email |  |
| **Mother’s Name** |  | |  | | Mother’s Mobile |  |
|  |  | |  | | Mother’s Email |  |
| **EMERGENCY AND MEDICAL** | | | Are you an Ambulance Member Yes / No (Please Circle) | | | |
| **Emergency Contact and Phone Number** | | |  | | | |
| Provide details of any player medical issues | | Asthma ? | | Yes / No | | Comments |
|  | | Allergies ? | |  | |  |
|  | | Other issues ? | |  | |  |
| Where it is impracticable to communicate with me or I am unable to be contacted, I authorise the Team Manager or Coach to consent to my child receiving any medical or surgical treatment as may be deemed necessary.  Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **OTHER INFORMATION** | | | | | | |
| In what area are you able to assist the Club?  (Please Circle) | | | Trainer Runner Team Manager  General Committee Social Committee/ Canteen Other | | | |
| Are you able to assist the Club by way of Business Sponsorship ?  (Please Circle) | | | | YES / NO ES YES / NO | | |
| **MEMBERSHIP DETAILS**   * Membership cost is $160 per player. * Club membership is made up of a Junior member (registered player) and one parent member. * By signing below and acknowledging membership signifies agreement to fulfil any rostered match day obligations and for the player to abide by the Code of Conduct of the Club and the YJFL together with the Rules, Regulations and ByLaws of the YJFL. It also signifies agreement with the AJFC playing policies.  |  | | --- | | Signature of Parent member  Name ………………………………………. Signature………………………………………………. | | | | | | | |
| |  | | --- | | PAYMENT METHOD Internet Transfer Bank Deposit Cash/Cheque |   Bendigo Bank, Canterbury Rd Heathmont.  Account Name - Aquinas Junior Football Club , BSB 633000 Account No. 150275535  Visa Mastercard AMEX CARD Number\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Name on Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date\_\_\_\_\_/\_\_\_\_\_ CVV\_\_\_\_\_  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |