



# AFL Canberra Milk Junior League

## Registration Form 2010



**\*\*\* PLEASE COMPLETE ALL SECTIONS OF THIS REGISTRATION FORM \*\*\***

Club Name:  Date:

Are you a..... First Year Player:  OR Existing Player:

How did you find out about playing junior AFL? (please select 1 option below)

- |                          |                          |   |                          |                   |                          |                                       |   |                          |   |                          |
|--------------------------|--------------------------|---|--------------------------|-------------------|--------------------------|---------------------------------------|---|--------------------------|---|--------------------------|
| Active After School Care | <input type="checkbox"/> | AFL Canberra website  | <input type="checkbox"/> | AFL School visit  | <input type="checkbox"/> | Have you played AusKick?.             | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Auskick Gala Day         | <input type="checkbox"/> | Friend/ family  | <input type="checkbox"/> | James Hird Cup    | <input type="checkbox"/> | Have you done AFL at School?          | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Play AFL Campaign        | <input type="checkbox"/> | Radio   | <input type="checkbox"/> | School Newsletter | <input type="checkbox"/> | Are you playing another winter sport? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Swans Cup                | <input type="checkbox"/> | Are you playing another winter sport? Y <input type="checkbox"/> N <input type="checkbox"/> |                          |                   |                          |                                       |   |                          |   |                          |

### Player Details

Given Name:  Middle Name:

Surname:

Date of Birth:  Gender: Male:  Female:

Address:

Suburb:  State:  Postcode:

Home No:  Mobile No:

Email Address:

AFL Team Supported:

### Medical Details

Allergies/Medical Conditions:

### School Details

School Name:  Grade:

### For Club Use

Birth Certificate Sighted by Club Official: Yes:  No:

Club Official Name:  Club Official Signature:

### Club Registration Fees Paid:

Date Paid:  Amount Paid:  Club Receipt No:

Club Official Signature:

## Parent/Guardian Details

Given Name:  Surname:

Home No:  I can assist in the following capacity:

Work No:   Administrator  First Aid Officer

Mobile No:   Canteen Assist.  Game Day Assist.

Coach/Trainer  Team Manager

General Helper  Umpire

Email Address:

## Parent/Guardian Details (#2)

Given Name:  Surname:

Home No:  I can assist in the following capacity:

Work No:   Administrator  First Aid Officer

Mobile No:   Canteen Assist.  Game Day Assist.

Coach/Trainer  Team Manager

General Helper  Umpire

Email Address:

## Database Details (To be completed by the player's Parent/Legal Guardian).

I give permission for my child's name to be displayed on the AFL Canberra website via the FootyWeb database in their team's match day information. This includes the team list, goal kickers, best players etc. Yes  No

I give permission for AFL Canberra and my Child's Club to use photos of my child in the following mediums:

- Club/League website Yes  No

- Club/League newsletter/communications Yes  No

I would like to receive information and promotions from the AFL, the club I support and/or my local junior club Yes  No

I would like to be kept updated on Team GWS and receive special offers and information about the exciting new AFL team in Sydney Yes  No

Applicants and Parents/Guardians must sign the conditions below for registration to be accepted.

### Applicant

- I have read, understand and agree to abide by the Competition Rules, Code of Conduct and By-laws of AFL Canberra Ltd.
- I will observe and obey these Competition Rules, Code of Conduct and By-laws and be bound by all rulings made by or with the authority of AFL Canberra Ltd and/or the Junior Operations Committee that relate or apply to me.
- I declare that the information supplied by me is true and correct.

Applicants Name:..... Applicants Signature:.....

### Parents/Guardians

- I/We hereby consent to the registration of the applicant with AFL Canberra Ltd.
- I/We acknowledge that I/we have been provided with, read and understand, the Code of Conduct of AFL Canberra Ltd.
- I/We hereby agree to abide by the Code of Conduct and agree to observe and obey this Code and all rulings made by AFL Canberra Ltd and/or the Junior Operations Committee that relate to me/us, other family members and invited guests.
- I/We agree that images of my child may appear on the AFL Canberra website however such images will not be identified by name.
- I/We understand that AFL Canberra and/or the Junior Operations Committee may withdraw or suspend the applicant's registration to play in AFL Canberra should I/we fail to comply with the Code and/or any rulings of AFL Canberra Ltd and/or the Junior Operations Committee should I/we breach the Code.
- I/we agree should any injury occur the centre or club will, at all times, endeavour to notify the parent/guardian or caregiver but, should an emergency exist, I/we grant the centre or club or an official the authority to seek ambulance and/or medical attention.

Parent/Guardian Name:..... Parent/Guardian Signature:.....

**NOTE: All players are required to complete and lodge their registration form prior to playing. Clubs to keep original with copy to be lodged with AFL Canberra Junior and Youth Girls Football Operations.**