



Registration Form

Season 2010

- NAB AFL Auskick New Player
 AFL Competition Player Returning Player

Club: _____

Personal Details

First Name: **Preferred Name:**
Middle Name: **Country of Birth:**
Family Name:
Date of Birth: **Medical Conditions (if any):**
Gender: Male Female

Club Use Only:

Identification: A club official has sighted evidence of Date of Birth? **Name of Official:**
Financial: Yes No **Financial Balance:**

Contact Details

Address:

Suburb
State:
Post Code:
Phone (H):
Phone (W):
Phone (M):
Email:

Parent/Guardian

	Parent/Guardian 1	Parent/Guardian 2 or Emergency Contact
First Name:	<input type="text"/>	First Name: <input type="text"/>
Surname:	<input type="text"/>	Surname: <input type="text"/>
Country of Birth:	<input type="text"/>	Country of Birth: <input type="text"/>
Phone:	<input type="checkbox"/> As above	Phone: <input type="checkbox"/> As above
Email:	<input type="checkbox"/> As above	

Area of Assistance:

- Coaching Administration First Aid General Helper Umpiring

Other Details

Mailing List ?: I am happy to receive information from the AFL and AFL affiliates (states)

School Name:

School Suburb:

Team Allocation: (Club use only)

AFL Supporter: Which AFL club do you support?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Adelaide Crows | <input type="checkbox"/> Essendon Bombers | <input type="checkbox"/> Kangaroos | <input type="checkbox"/> St Kilda Saints |
| <input type="checkbox"/> Brisbane Lions | <input type="checkbox"/> Fremantle Dockers | <input type="checkbox"/> Melbourne Demons | <input type="checkbox"/> Sydney Swans |
| <input type="checkbox"/> Carlton Blues | <input type="checkbox"/> Geelong Cats | <input type="checkbox"/> Port Adelaide Power | <input type="checkbox"/> West Coast Eagles |
| <input type="checkbox"/> Collingwood Magpies | <input type="checkbox"/> Hawthorn Hawks | <input type="checkbox"/> Richmond Tigers | <input type="checkbox"/> Western Bulldogs |

AFL Member: I am currently a member of this club?

AFL Attendee: How many national AFL matches on average would you attend each year?

AFL Viewer: How regularly would you watch AFL on TV?

- Never At least once a week Every 2-3 weeks

AFL Participant: How did you find out about participating in Auskick or playing junior AFL in your local area?

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> AFL Banner | <input type="checkbox"/> AFL Community Camp | <input type="checkbox"/> AFL Development Officer | <input type="checkbox"/> AFL Flyer |
| <input type="checkbox"/> AFL Ground (Club) | <input type="checkbox"/> AFL Website | <input type="checkbox"/> Parent | <input type="checkbox"/> Print Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Newsletter | <input type="checkbox"/> Sibling | <input type="checkbox"/> Television |
| <input type="checkbox"/> Other | <input type="checkbox"/> Friend * | <input type="text"/> | |

* The above friend referred me to this club

Applicant

I agree to abide by the 'Competition Rules and Bylaws' of AFL Greater Sydney Juniors Incorporated.

I will observe and obey these rules and bylaws and be bound by all rulings made by or with the authority of the Association that relate or apply to me.

I declare that the information supplied by me is true and correct.

Parent/Guardian

I/We hereby consent to this registration to participate in Auskick or play AFL.

I/We acknowledge that I/we have been provided with, and understand, the 'Code of Conduct' of AFL Greater Sydney Juniors Incorporated'.

I/We hereby agree to abide by the code; and observe and obey this code and all rulings made by the Association that relate to me/us, other family members and invited guests.

I/We agree that images of my/our child may appear on the AFL Greater Sydney Juniors website however such images may not be identified by name.

I/We understand that the Association may withdraw or suspend my child's registration to participate in Auskick or play AFL should I/we fail to comply with the code and/or rulings of the Association should I/we breach the code.

I/We agree that should any injury occur, the Auskick Centre or club will, at all times, endeavour to notify me/us but, should an emergency exist, I/we grant the centre or club (or an official) the authority to seek an ambulance and/or medical attention .



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Signature of Applicant (if over 12 years)

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Signature of Parent/Guardian

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Date this form was completed