



### Player registration and injury form 2010 (for NEW PLAYERS)

Please check and correct information on this form (front and back), and bring it along with your payment to either of our registration days.

#### PLAYER DETAILS

Surname		First Name	
Preferred Full Name <i>(This full name will be used for printing on trophies, awards etc)</i>			
Date of Birth*		Male / Female <b>M</b>	School (or Employer)
Eligible Age* As at 1/1/10	* The <b>Player Placement Policy (2008)</b> outlines the process for allocating players to teams. Players will be allocated to their eligible Age Group, unless strict criteria is met. Refer to <a href="http://www.mbjfc.net">www.mbjfc.net</a> for details of the Policy.		

#### FAMILY DETAILS      FATHER DETAILS      MOTHER DETAILS

Surname		First Name		First Name	
Address		Surname (if different)		Surname (if different)	
		Mobile		Mobile	
Suburb		Mother email			
Postcode		Father email	.....		
Phone		Player email	.....		

#### ASSISTANCE:

The successful running of the club depends on parent involvement. Please indicate where you are prepared to help.	<input type="checkbox"/> Coach <input type="checkbox"/> Runner <input type="checkbox"/> Trainer* <input type="checkbox"/> Help at training <input type="checkbox"/> Goal Ump <input type="checkbox"/> Boundary Ump <input type="checkbox"/> Canteen (Team Co-ordinator) <input type="checkbox"/> Other (Please state).....
	<p>* The Club will be funding training for qualifications of Sports Trainer/First Aid courses for interested parents, to ensure that each Team has a qualified Trainer. Coaching Accreditation training is also offered to all Coaches.</p>
Sponsorship	<p>If you work in a business that may be able to assist us with sponsorship or services, and you would like to help, please contact our Sponsorship Co-ordinator. Alternatively, register your interest here by briefly describing the type of support you may be able to provide. <i>Note that some of our sponsorship packages include player fees.</i></p> <p>.....</p>

#### PREVIOUS CLUB IF NOT MBJFC

List club and years played. Include Auskick years.	
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#### SUBSCRIPTIONS & REGISTRATION      OFFICE USE ONLY

Payment \$125 \$90 \$50 .....	Payment Type	Chq / Cash / Credit	Receipt No.	
Team Assigned	Member Card No.		Sponsor	
MSJFL (FootyWeb) No:	Player System Id:			
Date Entered:	Other Notes:			



# Medical & Injury screening form (confidential- club records only)

The following information will be provided to Team Officials (Coach, Team Manager, Trainer and First Aid Reps) for their awareness.

## PLAYER DETAILS

Surname		First Name		Team (Office Use)	
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## MEDICAL CONDITION:

Does the player have any specific medical conditions (e.g. Asthma, Epilepsy, Diabetes, infectious diseases, impaired vision or hearing) or allergies (eg: penicillin, food allergies etc.) If so, please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No .....
	.....
	.....
	.....

## INJURIES:

Please list any of the following (if none, please write 'NONE': <ul style="list-style-type: none"> <li>• Current, past or recurrent Injuries</li> <li>• Relevant surgery for injury</li> <li>• Any required preventative action or devices for training or playing</li> </ul>	.....
	.....
	.....
	.....
	.....

## PROTECTIVE & OTHER EQUIPMENT

Mouthguard*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headguard*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eye Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	False Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ankle / Shoulder / Limb Taping	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* It is Club policy, that for the protection of players, the Club strongly encourages the use of approved mouth guards and helmets for all games and training sessions.

## DECLARATION

The personal and medical information which I have provided is true and correct.  
The Club will provide players' names and, in some cases, photographs of players for publication into the local newspaper, club newsletters and the club website. Any photographs provided or used for publication will be of a general nature without players being identified by name, unless with permission.  
 If you **DO NOT** give permission for the club to have photographs of your child published, please tick this box.

**Please note:** The Club deems no liability for injuries sustained through Playing, Training or traveling to and from games during the football season. The Club therefore strongly recommends that parents have private insurance and ambulance cover.  
**AGREEMENT:** In the case of an accident involving our child, I / We give permission to the Coach or his representative, and only if I / We cannot be contacted, the right to seek medical attention for the child and that I / We will bear the cost/s.

**Code Of Conduct:**  
 I have read and agree to the parent's Code of Conduct, and the player listed on this form has read and agrees to the Player's Code of Conduct

.....  
Signature of Parent or Guardian .....  
Date