



Balwyn Junior Football Club
 Affiliated with the Yarra Junior Football League
Player Application Form 2008

FOR CURRENT PLAYERS

Please Check and update all sections & sign where required

Section 1 of 4 Player Details

Name:

Address:

Phone No: DOB: Team: U/.....

Year First Registered..... Games Played.....

School..... Player Email

Mother: Father:

Parent's Email :.....

Emergency Contact Details (Other than Home contact – eg Mother – Mobile & Work)

1) Name: Phone (1)..... Phone (2).....

2) Name: Phone (1)..... Phone (2).....

Section 2 of 4 Medical Details (All information is held in confidence)

Family Doctor:..... Phone:

Address:.....

Medical Conditions – Does your child suffer from (please tick and provide details below)

Heart Condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Fits Of Any Kind	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	Medication Allergies	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

Details / Special Needs: (Please complete using other side if necessary)

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Last Tetanus Date:

