



Balwyn Junior Football Club
 Affiliated with the Yarra Junior Football League
Player Application Form 2008
FOR NEW 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).....

1. Have you previously registered in any other competition (except school football)? **YES / NO**

If **NO** s a player then a YJFL Player Registration / Permit **must** be obtained & returned to the BJFC Register

2. If previously registered state name of club, number of games played & year last game played:

Club:..... Number of Games..... Year Last Played.....

If the previous club was not BJFC then a Clearance (YJFL Player Transfer Form) **must** be obtained & returned to the BJFC Register

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:

Section 3 of 4 Consent

Ibeing Parent/ Guardian of the above named player verify the date of birth stated above. I give my consent to him/her being a member of the above Club. I fully understand that the player is bound by Rules, Regulations and Policies of the Balwyn Junior Football Club, the Yarra Junior Football League and Football Victoria and is subject to the Clearance Provisions of the Yarra Junior Football League and Football Victoria, and until a Clearance is gained from such Club he/she is ineligible to play with any other Club..

I authorise the Balwyn Junior Football Club Inc. to consent, where it is impractical to communicate with me, to the player/member receiving such medical or surgical treatment as may be deemed necessary.

PARENT/GUARDIAN'S SIGNATURE:
DATE:

Section 4 of 4 General Information

Player

Please include any other information relevant to the coaches or team managers about your child training & playing football with the Balwyn Junior Football Club

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Parents / Guardian's

Mothers Occupation
 Fathers Occupation
 Guardian's Occupation

Are you interested in any of the following?

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| Coaching | <input type="checkbox"/> | Team Manager | <input type="checkbox"/> |
| Trainer (Qualification such as First Aid or Medical) | <input type="checkbox"/> | Runner | <input type="checkbox"/> |
| Committee | <input type="checkbox"/> | Umpiring | <input type="checkbox"/> |
| Property Steward | <input type="checkbox"/> | Other (details below) | <input type="checkbox"/> |

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Record of Payment
Subscription <input type="checkbox"/> Bond \$20 <input type="checkbox"/>