



ST DAMIANS JFC

THE SAINTS

2010

NEW MEMBER REGISTRATION FORM



PLAYERS DETAILS

LAST NAME:- _____

PLAYER'S FIRST NAME:- _____ GENDER:- _____

DATE OF BIRTH _____ BIRTH CERT NO _____ Please provide copy of birth Certificate

PLAYER ADDRESS:- _____ POST CODE:- _____

PLAYER HOME PHONE:- _____ PLAYER MOBILE:- _____

PLAYER E-MAIL ADDRESS:- _____

EMERGENCY CONTACT NAME:- _____ PHONE NUMBER _____

GUARDIAN DETAILS

GUARDIAN 1 SURNAME:- _____ FIRST NAME _____ MOBILE:- _____

GUARDIAN 1 E-MAIL ADDRESS:- _____

GUARDIAN 2 SURNAME:- _____ FIRST NAME _____ MOBILE _____

GUARDIAN 2 E-MAIL ADDRESS:- _____

NAME OF SCHOOL PLAYER ATTENDS:- _____

NAME OF AFL TEAM PLAYER SUPPORTS:- _____

HAS THE PLAYER PREVIOUSLY REGISTERED WITH THIS CLUB? Yes No

IF NO, WERE YOU INTRODUCED TO ST. DAMIANS BY ANOTHER PLAYER? Yes No

NAME OF PLAYER (If Applicable)

DID YOU PLAY ELSEWHERE IN 2009 OR BEFORE? Yes No

If NO, documentary proof of age (Birth Certificate) must be attached to this form when returned.

If YES, please provide name of club and league

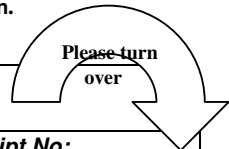
PLAYER'S SIGNATURE* DATE

PARENT'S OR GUARDIANS SIGNATURE*

* By signing this form, you acknowledge that you will abide by the Club Policies, Code of Conduct and Constitution.

Please complete medical report over page

CLUB USE ONLY



Footy Web No:	Age Group:	Registration Fee:	Amount:	Receipt No:
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SINGLE/FAMILY

MEDICAL HISTORY

Do you have Private Health Insurance Cover?

Yes

No

If Yes, please nominate name of Health Insurance Fund & Membership No

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Do you have any current medical conditions. If so please list

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Do you take any medications including supplements. If so please list name and dosages

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Do you have any allergies? If so please list

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Do you have any Sports injuries? (Please list any injury which is current / recurring or requires surgery)

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Have you had ...		Do you wear ...		Have you sustained ...	
Epilepsy	Yes/No	Glasses	Yes/No	A fracture in the last 3 years	Yes/No
Hepatitis A	Yes/No	Contact Lenses Hard Soft	Yes/No Yes/No Yes/No	If Yes where?	
Hepatitis B	Yes/No	Protective Equipment	Yes/No	A dislocation.	Yes/No
Diabetes	Yes/No	Mouth Guard	Yes/No	If Yes where?	
Heart Problems	Yes/No	At Training	Yes/No	Do you suffer from recurring pain in any joint with play/practice.	Yes/No
Heart Murmur	Yes/No	At competition	Yes/No	If Yes in which joint?	
Asthma/Bronchitis	Yes/No	Other	Yes/No		
Hernia	Yes/No	Please specify:			
Concussion	Yes/No				

Please note: The St Damians JFC does not accept liability for any injuries to a player arising from training sessions or match participation. However the St Damians JFC maintains a player insurance policy. Information regarding this will be forwarded to you prior to the start of the season. Information on medical conditions is for club use only and is strictly confidential.