

BELEURA JUNIOR FOOTBALL CLUB INC.

APPLICATION FOR MEMBERSHIP (PLAYER)

SEASON 2011



BLOCK LETTERS PLEASE

PLAYERS NAME:

D.O.B. / /

ADDRESS:

P/CODE:

MAILING ADDRESS FOR CORRESPONDANCE: [IF NOT AS ABOVE]

EMAIL: PRIMARY MOBILE No:

MEMBERSHIP FEES: [INCLUDES REGISTRATION AND INSURANCE]

\$160 per child or \$300 per Family

NOTE: ALL PLAYER MEMBERSHIP FEES SHALL BE PAID IN FULL BEFORE APRIL 1st 2011. [UNLESS PRIOR ARRANGEMENT HAS BEEN MADE WITH EXECUTIVE COMMITTEE].

AFTER APRIL 3rd 2011 NO PLAYER SHALL BE PERMITTED TO TAKE TO THE FIELD UNTILL FEES ARE PAID IN FULL.

FORM OF INDEMNITY

In consideration of the Beleura Junior Football Club ("the Club") accepting the above named player as a member of the said Club, I agree and do hereby indemnify the said Club, its Officers, Servants and/or Agents insofar as and to the extent to which the said Club, its Officers, Servants and/or Agents are not entitled to be indemnified under the policy of insurance whatsoever from and against any damage and claims or demands arising out of any accident or illness which may befall or occur to the said player during his/her participation in any activity or function connected with the said Club or when travelling to and from such activities or functions. I further authorise any Officers or Servants of the said Club in the event of such accident or sickness to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and in the event I agree to pay all such doctors, nurses or hospital fees and expenses other than fees and expenses recoverable under the policy of insurance whatsoever, such fees to be paid to the said Club on demand.

SIGNED: **DATE:**
[PARENT OR GUARDIAN]

OFFICE USE ONLY:

VCFL Registration Form completed	<input type="checkbox"/>	Registration fees paid in full?	<input type="checkbox"/>
MPJFL Registration /Transfer card completed?	<input type="checkbox"/>	Receipt Number	
Beleura Membership form completed?	<input type="checkbox"/>	Paperwork sent to MPJFL	<input type="checkbox"/>
Beleura Medical questionnaire completed?	<input type="checkbox"/>	Processed by	
Birth Certificate Received	<input type="checkbox"/>	Date:	

PLEASE TURN OVER

Player Medical Profile – Personal Record

Contact in case of Emergency and General Information

(1) Parent/Guardian: Relationship.....

Home No: Mobile No:

Occupation (optional).....

(2) Parent/Guardian: Relationship

Home No: Mobile No:

Occupation (optional).....

Are you willing to help when required with any building or any workings etc. around to Club Yes No

Healthcare Details.

Ambulance Member: Yes No

Medicare Number:

Medical History.

Conditions:

Epilepsy Yes No

Asthma Yes No

Diabetes Yes No

Heart Problems Yes No

If yes, please advice of management plan.
.....
.....

Inoculations:

Hepatitis B Yes No

Tetanus Yes No

Other

Describe.....
.....

Allergies:

Bee stings, Medication etc. Yes No

If yes, please advise.....
.....

Relevant current or previous injuries and / or conditions:

Description:.....
.....

Management Plan:

Please list/describe any other information the sports trainer should know about:
.....
.....

Photo Declaration

Do you give permission for your child to be photographed for newsletters and/or internet photo's: Yes No

I _____, being the parent / guardian of _____

Give permission to the appropriate person(s) to administer medication if they consider it appropriate in accordance with the Asthma Victoria recommendation. I also acknowledge that this does not reduce my responsibility in ensuring that the above person has their own medication as per their Asthma Management Plan.

I also acknowledge that injuries may occur during sport and accept that risk. I understand that the information given here is of a confidential nature and only to be used in an emergency, however, I give permission for this information to be distributed to Club Trainers, Coaches, committee etc when relevant. I also authorise the Club Officials to seek professional medical assistance and arrange transportation on my behalf when deemed necessary.

Signature:

Date: