

Welcome to Tanunda Football Club Juniors



The following fees are payable prior to commencement of training and playing;-

1 Child \$100 * (includes \$50 registration fee - refundable, see details below)
2 Children \$150 *
(3rd sibling is free of charge)

*At the start of the season, the junior committee will create a roster for families to work a shift in the canteen. On completion of working the shift, \$50 will be refunded to the family. There **will not** be a refund for families who do not work their shift, or do not make arrangements to swap with another family for the day allocated. Families must advise the Canteen Manager of any roster changes **prior** to the day.

Payment can be made on the day of registration by cheque or cash, or by direct deposit to the following account:

Bank Name: **Bank SA** BSB number: **105-024** Account number: **115 151 540**

Receipt number _____ (Use your child's surname as the reference for banking)

Please attach a copy of your transaction receipt to this page and present to the receiving officer on registration day

**A proof of age document must be attached to this form for the team manager

Payment Details:

Last Name Given Names

Last Name Given Names

Last Name Given Names

**Office use only

Approved Name of receiver

Receipt number _____ Proof of age document(s) supplied

Comments _____

Signed _____

Tanunda Football Club

2010 Junior Registration Application



PLAYER INFORMATION AND MEDICAL RECORD

Personal Details:

Last Name Given Names

D.O.B. Age Email address

Postal Address Home address (if different)

Home Phone Mobile Phone

Other family members playing with the Football or Netball Club?

Name, relationship and team/level:

Emergency Contacts:

Parents/Caregivers

1. Name	<input type="text"/>	2. Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone Home	<input type="text"/>	Phone Home	<input type="text"/>
	Mob <input type="text"/>		Mob <input type="text"/>

Medical History:

Medication taken
Name & what for

Allergies
Details

Recurring sports injuries

Have you had? (Y/N)

Epilepsy Hepatitis A Hepatitis Diabetes Heart Problems Asthma

Bronchitis Hernia Fracture in the past 3 years Dislocation in the past 3 years

Please provide details of any other information the coach/team managers may need to know including recurring pain in any pain, previous treatment of head, neck or spinal injuries.

Consent statement:

I agree for a representative of the Club to request Ambulance support if required.

I agree for my child to participate in the game of Australian Rules Football.

I give permission for my child to be photographed and for any photos to be used for any promotional work for the club or within the Barossa, Light and Gawler Football association.

Player Signature Parent Signature Date / /