

Player Registration Form

Season 2010



CONTACT DETAILS - If any of these details are incorrect, **please amend in RED**

Player Name	
Date of Birth	
Address	
Suburb	
Postcode	
Email	
School	
Parents/Guardian's Names	
Siblings playing & age group	
Home Phone	
Father Mobile	
Mother Mobile	
Father Occupation & Industry	
Father Work Phone	
Mother Occupation & Industry	
Mother Work Phone	
Do you or your workplace have a service/product/trade that you are willing to help the club with?	

2009 DETAILS

Team	
Jumper Number	
Number of Games total	
Played at another club Y/N	
If Yes, when and where	
Do you have a clearance Y/N	
Previous Club contact details	

New Players must attach a photocopy of their Birth Certificate and fill in a DDJFL registration card – cards available from the Registrar

MEDICAL INFORMATION

Please list any medical conditions the club should be informed of	
If taking any medication please list	
Do you have private health cover Y/N	
If Yes, which fund	
Do you have Ambulance cover Y/N	
Do you consent to your child receiving emergency medical or hospital treatment Y/N	
Parent/Guardian signature to above consent	

IMPORTANT

1. It is essential to inform your coach/team manager of any changes to your medical condition during the season
2. Berwick Junior Football Club reserves the right to ask for a Doctor's Certificate if a player has been seriously ill or injured before he/she may resume training/playing

EMERGENCY CONTACT DETAILS – In case Parents/Guardians are unable to be contacted

Name	
Relationship	
Phone Number	

Please Read before signing.

On completing this Registration Form and signing below parents / guardians understand that the Club has very limited player accident Insurance and it is recommended that players have their own Private Health & Ambulance Cover.

On completing this Registration Form I confirm I have received a copy of the 'Codes Of Conduct' in relation to players, parents and spectators responsibilities and agree to abide by the rules and codes of conduct set down by the B.J.F.C, D.D.J.F.L., AFL Victoria and any other Governing and Associated Bodies.

PLAYERS SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

ONLY SIGNED REGISTRATION FORMS WILL BE PROCESSED – PLEASE CHECK THAT YOUR FORM IS FILLED OUT CORRECTLY TO AVOID DISAPPOINTMENT

FEES and HOW TO PAY

Cheques can be posted to PO Box 183 Berwick, 3806 or Direct Deposit to BSB 633 000 Acc 122372410 Bendigo Bank (please use Childs name & Age group as reference)

Payment in full must be received by March 1st unless prior arrangements have been made

Payment Options

\$ 150.00 First child playing at BJFC (no chocolates this year).

Second child \$140

Third child and every subsequent child receive \$10 discount

I have paid by direct deposit – Receipt number _____

I have enclosed a cheque I will pay before the cut-off date. **March 1st.**

I have included \$_____ for merchandise.

BERWICK JUNIOR FOOTBALL CLUB INC.
ABN: 91833672667
ARCH BROWN RESERVE BUCHANAN RD BERWICK
P.O.BOX 183 BERWICK, 3806