2010 REGISTRATION FORM AND MEDICAL CONSENT

CANTERBURY JUNIOR FOOTBALL CLUB INC.
P.O. Box 1085, Surrey Hills North, 3127
Canterbury Sports Ground,
Guildford Road, Surrey Hills, 3127
President: Russell Phillips (0421 615 879)
Secretary: Jane Barry (0408 001 169)
Website: www.canterburyjfc.com.au

Please check the details currently recorded and make any necessary amendments. Please use preferred name.

Name and Address:

2009 Team: -

DOB:

Phone:

2010 School:

2010 Year: Year

	Name:	**Mobile Number:**
Mother's Details:		
Father's Details:		

Parent Email Address for Game, Social Event Reminders and Sponsor Offers:

Assistance either parent can offer the Club (now or future) : Coaching ☐ Team Manager ☐ Committee ☐ Social / Fundraising ☐

First Aid or Trainer Qualifications? Yes ☐ No ☐ **If Yes, specify details & which parent ……..……..**

Tackers & Under 10 Players – Please nominate two school friends who you would like to play with:

All requests will be duly assessed however can not be guaranteed.

Medical Details: *To ensure prompt and correct treatment in the case of injury, please provide information as requested below*

Doctor:

Address:

Phone:

Ambulance Cover: ☐ Yes ☐ No

M/care No.

Does the player have:
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy

Recently sustained:
- ☐ Concussion
- ☐ Fracture
- ☐ Dislocation

Current/Other Details:

I accept that I will be required to fulfil roster duties as and when required and I authorise the representatives of the Canterbury Junior Football Club to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signature of Parent or Guardian: **Date:**

☐ I do not give approval for my child's photo to be used in promotional & marketing publications (please sign)……
(Note: your child's photo may be used in promotional/marketing materials if this section is not signed)

CJFC USE ONLY ***New Registrations Only:*** Payment Received: Cash ☐ Cheque ☐ C/C ☐

Birth Certificate copied and attached? ☐ Registration Received: Date: ..... Time:.....……

YJFL Registration Form attached? ☐ Receipt No: …… Signed by Club Official: .....

Canterbury Junior Football Club
P.O Box 1085,
SURREY HILLS NORTH. 3127

Paperwork must be completed, signed by parent/ guardian and payment received before Registration can be accepted and processed.

Please contact for any queries:

Louise Rowell - 0400 355 651
Alison Phillips – 0408 147 510

REGISTRATIONS CLOSE 11.00AM SUNDAY 7TH FEBRUARY, 2010

To return form, refold to show above address in envelope window