

2012 REGISTRATION FORM AND MEDICAL CONSENT



Print, complete and mail to
Canterbury Junior Football Club
PO Box 1085, Surrey Hills North 3127
or email to registrar@canterburyjfc.com.au

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 & Registrar: Louise Rowell 0400 355 651
Website: www.canterburyjfc.com.au

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

Player name and address

2011 Team

DOB

Phone

2012 School

2012 Year Level

Name	Mobile Number	email address for game, social event reminders & sponsor offers	✓ preferred
Mother <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Father <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mother's Occupation <input type="text"/>			
Father's Occupation <input type="text"/>			
Assistance parents can offer the Club Coaching <input type="checkbox"/> Team Manager <input type="checkbox"/> Committee <input type="checkbox"/> Social / fundraising <input type="checkbox"/>			
Do you have first aid or trainer qualifications? <input type="checkbox"/> If yes specify details and which parent			

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

All requests will be duly assessed however cannot be guaranteed

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Medical Details – To ensure prompt and correct treatment in the case of injury please provide the information requested below

Doctor <input type="text"/>	Does the player have	Has the player recently sustained (date)
Address <input type="text"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Concussion.....
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fracture.....
Phone <input type="text"/>	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dislocation.....
Medicare Number <input type="text"/>	<input type="checkbox"/> Allergies resulting in anaphylactic shock	

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. I acknowledge that registration fees are not refundable after the 1st April in the year that they are due and payable.

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 <input type="checkbox"/>	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Birth certificate copied and attached <input type="checkbox"/>	Registration received	Date	Time.....	
YJFL Registration form attached <input type="checkbox"/>	Signed by club official		

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

For enquiries please contact the registrar Louise Rowell - 0400 355 651

Registration day is Sunday 12th February, 9:00 am to 11:00 am. Registrations close when team lists are full.

Canterbury Junior Football Club Registration Payment Form

Cheque or credit card payments can be mailed to the Club along with a completed copy of this form. The mailing address is Canterbury Junior Football Club, PO Box 1085 Surrey Hills North 3127.

Cash, credit card or cheque payments can be made on registration day which is Sunday 12th February from 9:00 am to 11:00 am at the clubrooms, Canterbury Sports Ground, corner of Guilford Road and Chatham Road Surrey Hills.

Name(s) of player(s) being registered with this payment

First child	\$195
Second child	\$115
Third and subsequent child	\$55
Total payment	_____

Registration Fees

\$195 – first player

\$310 – two players from the same family

\$365 – three players from the same family (and \$55 for each additional player)

Payment Details

Type of payment Master Card Visa Cheque

Payment amount \$.....

If payment is by credit card please complete the following.

Card number Expiry date / 3 Digit card verification number

Name as it appears on the credit card.....

Signature of the card holder Date / /

Registration day is Sunday 12th February 2011 at the clubrooms, Canterbury Sports Ground, corner of Guilford Road and Chatham Road Surrey Hills.

Web www.canterburyjfc.com.au email the registrar registrar@canterburyjfc.com.au

[Player Registration and Transfer Form](#) for new players or players transferring from another club or Auskick

Check out the [A to Z of Canterbury Junior Football Club](#)

Read more news on [registration and other matters](#)