

Loganholme FC – Player Registration/Membership Application 2010

Family Membership (*req'd) **LFC Membership No.** _____ **FFA Registration No.** _____

Name of Member afforded *voting rights: _____

* (Only 1 member per family membership has voting rights under this Family Membership. Please nominate your allocated person in the space above.)

Player Details - (only 1 player per form)

Office Use Only

Surname:-	<input type="checkbox"/> Tiny Tots (3-4 y/o)
Given Name/s:-	<input type="checkbox"/> SSF (U6-U10)
Male or Female:-	<input type="checkbox"/> Divisional (U11-U16)
D.O.B. (Day/Mth/Yr Format):-	<input type="checkbox"/> Girls (U12)
Address for Correspondence:-	<input type="checkbox"/> Girls (U14)
Player Contact Ph No (best contact no for the player):-	<input type="checkbox"/> Youth (Female)
Age Group/Team in 2009 (if prev played):-	<input type="checkbox"/> Youth (Male)
School Attending in 2010:-	<input type="checkbox"/> Senior (Female)
Medical Conditions (eg Asthma):-	<input type="checkbox"/> Senior (Male)
Custody Issues: - Yes or No (please circle and if yes attach details)	<input type="checkbox"/> Commercial
Email Address for Correspondence:-	

- I do not wish to receive emails about club news and newsletters
 I do not wish to receive emails about sponsors specials (emails sent by the club – emails are not released)

Special Team Considerations: _____

Parent/Guardian Details:

Father / Guardian / Carer / Partner (for Seniors only)
 Surname:-
 Given Name:-
 Home Ph:-
 Work Ph:-
 Mobile Ph:-

Parent/Guardian Details:

Mother / Guardian / Carer / Partner (for Seniors only)
 Surname:-
 Given Name:-
 Home Ph:-
 Work Ph:-
 Mobile Ph:-

Emergency Contact Person:-

Name:-
 Ph No:-

(other than parent/partner who can be contacted in emergency)
 Relationship to Player:-
 Mobile No:-

Injury Authority: In the event of a suspected serious accident or emergency, and in the absence of myself as parent or guardian of the player, or in my inability to act on my own behalf, I hereby authorise a representative of Loganholme F C Inc. (i.e. club official, coach or manager), to call the ambulance service or take me, my child or ward, to a doctor or hospital at his/her discretion. I accept responsibility for any costs incurred as a result of such action that are not covered by player insurance.

Declaration: I/We declare the information supplied to be true & correct and I acknowledge receipt of the Club's Code of Conduct, Refund and Appeals Policies and I/We agree to abide by them and the rules of the Club and affiliated governing bodies (i.e. FFI). I/We understand failure to do so may result in disciplinary action which could result in loss of member privileges or termination of membership. I/We also understand this application must be approved by the Management Committee and they have the right to refuse Membership/Registration. I/We acknowledge our photographic images may be used for club promotions.

Print Name: - _____ **Signed:-** _____

As **Parent or Guardian** **Player/Self (if over 18yrs)** **Date: -** ____ / ____ / **2010**