



BANYULE CITY JUNIOR SOCCER CLUB

2009 PLAYER REGISTRATION DETAILS/ PARENT INFOMATION

1. PLAYER DETAILS

Surname: _____ Given Name: _____

Date of Birth: _____

Telephone Number(s) in case of emergency: _____

Member of Ambulance Fund: YES/NO If yes Member No.: _____

If in an emergency an ambulance needs to be called for the above participant, the Banyule City Junior Soccer Club accepts no responsibility for payment of such.

2. Does the player suffer from any of the following: (Please circle the appropriate answer. The club may request a Doctor's Certificate in relation to certain conditions.)

Asthma	Yes/No	Migraine Headaches	Yes/No
Allergies	Yes/No	Cardiovascular Heart Disease	Yes/No
Diabetes	Yes/No	Epilepsy	Yes/No

2.1 Does the player take any medication regularly or for emergency use:

Yes/No If yes, please provide details:

2.2 Does the player wear an oral insert? (dentures/braces etc.)

Yes/No

2.3 Does the player wear contact lenses?

Yes/No

2.4 Has the player suffered from any major illness or injury in the last 12 months:

Yes/No. If yes please provide details: _____

2.5 Is there any other medical and/or personal information that you consider is important to the player's participation in training, athletic and competitive activities:

Yes/No If Yes, please provide details: _____

2.6 Is there any other information that you consider may assist us to manage a medical emergency? Please provide details:

PARENT INFORMATION:

Parent/Guardian Surname(s): _____

Parent/Guardian Given Names(s): _____

Address: _____

_____ **Postcode:** _____

Telephone Number: _____ **Fax Number:** _____

Mobile Number(s): _____

Email Address: _____

(Correspondence may be sent to you via email if applicable)

I/We can help to club in the following areas (please circle one or more of the following):

- | | | |
|---------------------|---------------------|------------------------------|
| Coach | Team Manager | Home Referee |
| Line Marking | Canteen | Off side Lines person |
| BBQ | Committee | Ground Marshall |

I/We _____ being the parent(s)/guardian(s) of the junior player whose details appear on this form, hereby consent to the player's participation in training activities and competition matches under the directions of the staff appointed by the Banyule City Junior Soccer Club. I/We also accept responsibility for the timely payment of registration fees relating to this player. In the event of a medical emergency, I/We authorize and agree to meet the costs of any treatment or procedures that may be deemed necessary by a legally qualified medical practitioner.

I/We the undersigned, also agree to abide by the Parent's Code of Behaviour of the Football Federation Victoria and agree to participate in club roster activities.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____