



MEMBER DETAILS

(Please Print)

Family Information

Parent's last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Occupation
Parent's last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Occupation
Street address:	Mobile phone no.:		Home phone no.:	
Suburb:	State:		Post Code:	
Email Address				
Would you like to become a Social Club Member	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure. More information please.	
Would you like to receive the Club Newsletter by email?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	News and information about club events and functions, including team reports.	
We are always looking for assistance in running the club and teams. Would you be interested in helping out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Some jobs include, time keeping, canteen, team manager, ground setup & clean up.	

Player Information

If you have multiple Players, Please complete an additional form and attach.

First Name	Birth date:	Address (if different):		Mobile Phone no. :	
New Player?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Team? Under		
School				Current Game Tally (if known)	
Any medical conditions the Club needs to be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details (e.g. asthma) :		
Is this player covered by Ambulance Cover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure		
Do you have?	<input type="checkbox"/> Club Shorts	<input type="checkbox"/> Socks	<input type="checkbox"/> Training Jacket	<input type="checkbox"/> Club Polo	<input type="checkbox"/> Polar Fleece
					Sizes?
Email Address					
Are you registered with the EFL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, please complete the EFL registration for on the reverse side.		

In Case of Emergency

Name of Contact:	Relationship to player:	Home phone no.:	Mobile no.:
		()	()
_____ <i>Parent/Guardian signature</i>		_____ <i>Date</i>	

Office Use

Age group correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fees paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Birth Cert / Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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