



PAGWOOD BOTANY FOOTBALL CLUB

The Hon. Kristina Keneally, MP, Premier - Member for Heffron - Patron
His Worship the Mayor of Botany Bay, Cr Ron Hoenig - Patron

JUNIOR PLAYER REGISTRATION FORM – 2010

This is an additional form to the FFA form. Each player is required to complete this form

PERSONAL DETAILS

Players Surname:		Players First Name:			Date or Birth:...../...../.....				
Mother /Guardian Name -			Father/Guardian Name -						
Occupation.....			Occupation.....						
Email -			Email -						
Phone No's - Home.....			Mobile -			Mobile.....			
<i>Mother/Guardian</i>			<i>Father/Guardian</i>						
Born in:	2001	2000	1999	1998	1997	1996	1995	1994	1993/92
Age Group		U10'S	U11'S	U12's	U13's	U14's	U15's	U16's	U18's

POLICY

- Suitable clothing, footwear and shin pads must be worn to trials, trainings, and all games.
- Limited cover for player insurance is in place through our local Association & Football NSW
- No refunds once a player has been allocated to a Team
- For insurance purposes no one can trial, train or play until payment has been received.
- Acceptance of player registration form and payment does not guarantee placement in a team.
- I am duly qualified to play for this team according to the rules of the Association.
- Coaches, Players, Parents & Officials are bound by the Rules and Code of Conduct of the Club & Association.
- Coaches & Managers are made aware of any medical history/conditions of their players.
- Coaches, Players & Parents are encouraged to act as sports safe role models.
- All players and/or Players parents are required to advise the Pagewood Botany Football Club of any current medical condition, illness or injury that may affect that player or any other players from participating in training or games.
- Any player suffering from concussion/head injury must produce a medical certificate before returning to play.

MEDICAL- Please tick if your child suffers any of the following, all information is held in confidence

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hepatitis related illness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Reaction to drugs	<input type="checkbox"/> Fainting	<input type="checkbox"/> Allergies
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Sight/ Hearing problems	<input type="checkbox"/> headaches	<input type="checkbox"/> HIV/ AIDS related illness	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Other

If you have ticked any of the boxes above please give details

PARENTS – WE NEED YOU HELP, PLEASE INDICATE IN WHICH AREA YOU CAN HELP P.B.F.C

Name:.....

<input type="checkbox"/> Age Group Coordinator	<input type="checkbox"/> Canteen/BBQ	<input type="checkbox"/> Coaching/Managing	<input type="checkbox"/> Grounds Set up	<input type="checkbox"/> Trophies/Presentations
<input type="checkbox"/> Publicity/ Sponsorship	<input type="checkbox"/> Grants	<input type="checkbox"/> First Aid	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Other:.....

PRIVACY / INDEMNITY / DECLARATION

I consent to my child playing soccer for the Pagewood Botany Football Club and I understand that the Club will not be legally responsible for any injuries incurred by the registered player while playing with the Club. I authorise any officer of the Club to seek medical treatment or assistance for my child in the event of injury and agree to pay any fees and expenses incurred as a result. I agree to play with the above-mentioned Club and undertake to remain with that Club for the remainder of the stated season in accordance with the rules, regulations and by-laws of the Pagewood Botany Football Club.

Parent/Guardian Name:..... Signature..... **Date:...../...../2010**

Office use only

Date Received	Receipt No	Amount	Cash/Cheque/CC	I.D- Birth Cert, Passport, C itizenship