

REGISTRATION FORM 2014

ONLY ONE REGISTRATION FORM PER FAMILY IS REQUIRED PLEASE.

Please complete a blank Registration Form and hand in on the advertised registration days, or **POST** with payment to: Greenhithe Junior Football Club, P O Box 91, Greenhithe 0756. All registration forms **MUST** be signed and accompanied by the appropriate payment.

EAMILY DETAILS				
FAMILY DETAILS				
Family Name				
Postal Address				
Suburb				
City	AUCKLAND			
Mother's First Name		Father's First Name		
Mother's Surname		Father's Surname		
Mother's Mobile		Father's Mobile		
Family Notes				
KEY CONTACT INFORMATION				
Home Phone		1 1	sses for other custodial parents not living at	
Email		the same address.		
Email 2				
AUTHORITY				
acknowledge that any details or information supplied to the Club as part of the Club's registration process or otherwise can be used by the Club in such manner as the Club deems fit so long as the use of those details or information is consistent with and only used for the objectives of the Club, Football New Zealand and the Federation. For the purposes of this authority, the guardian or parent of a junior member shall be deemed to be a member. I undertake to notify the player's coach if any player listed overleaf has a medical condition which should be considered as part of the soccer programme.				
Signature:		Da	ated:2014	
FRIENDS OF THE CLUB				
The Club is run by volunteers and, as the Club has grown, the workload has also increased. From time to time, the Committee would like to request assistance from parents and members to help with jobs that need to be done, e.g. BBQ at prize-giving, cleaning out the Club storeroom at year end, help hand out and collect uniforms, etc. If you would like to receive these requests for assistance, please tick here.				
YES, I would like to be a friend of the Club (<i>please tick</i>):				
PAYMENT				
Registration Fees for the 2014 Season are: \$120 per player; \$190 for 2 players; or \$240 for 3+ players A LATE REGISTRATION PAYMENT OF \$10 APPLIES TO ALL REGISTRATIONS RECEIVED AFTER SUNDAY 23 FEBRUARY 2014.				
Registration fees <u>MUST</u> be are fully refundable if a pladvertised registration da	e paid at the time of registration. Play ayers wishes to withdraw up to and in	vers will <u>ONLY</u> be allocated to cluding the second game of the to Greenhithe Junior Foo	otball Club). If registering by post, please DO	
Payment Enclosed		Number of Players:		
Received by (Name):		Registration Fees Amount:	:	
Date:		Payment By:	Cash / Cheque / EFTPOS	
×				
	RECEIVED BY GREENHITHE JUNIOR FOOTBALL CLUB FROM			
<u>RECEIPT</u> :	RECEIVED BY GREENHI	THE JUNIOR FOOTBALL CL	LUB FROM	

<u>PLEASE NOTE</u> that the Club will do its upmost to cater for a player's team request but this cannot be guaranteed. The Club also cannot guarantee that training will be on a Wednesday night as this will depend on the availability of coaches and grounds.



REGISTRATION FORM 2014

Please register this p	layer for the current season (please circle): Yes / No	Team Coaching/Mgmt offered (please tick):		
First Name:		□ Lead Coach (Name)		
Surname:		(Phone)		
School:		Assisting Coach (Name)		
DOB:	Gender (please circle): M / F	(Phone)		
Team last year (if applicable)		□ Team Co-ordination/Mgmt (Name)		
Club last year (if transferring)		(Phone)		
Notes (eq medical conditions)				
If you wish to play in a different grade or in a 'girls only' team, please specify below:				
Please register this p	layer for the current season (please circle): Yes / No	Team Coaching/Mgmt offered (please tick):		
First Name:	· · · · · · · · · · · · · · · · · · ·	☐ Lead Coach		
Surname:		(Name)		
		(Phone)		
School:		(Name)		
DOB:	Gender (please circle): M / F	(Phone)		
Team last year (if applicable)		☐ Team Co-ordination/Mgmt (Name)		
Club last year (if transferring)		(Phone)		
Notes (eg medical conditions)				
If you wish to play in a different grade or in a 'girls only' team, please specify below:				
Please register this p	layer for the current season (please circle): Yes / No	Team Coaching/Mgmt offered (please tick):		
First Name:		□ Lead Coach (Name)		
Surname:		(Phone)		
School:		Assisting Coach (Name)		
DOB:	Gender (please circle): M / F	(Phone)		
Team last year (if applicable)		☐ Team Co-ordination/Mgmt (Name)		
Club last year (if transferring)		(Phone)		
Notes (eg medical conditions)				
If you wish to play in a different grade or in a 'girls only' team, please specify below:				
Other notes:				