



PARKSIDE JUNIOR FOOTBALL CLUB



YARRA JUNIOR FOOTBALL LEAGUE

PLAYER REGISTRATION / PERMIT TO PLAY FORM

SEASON 2010

(Please use BLOCK LETTERS)

GIVEN NAMES _____ SURNAME _____

DATE OF BIRTH ____/____/____ TELEPHONE (03) _____

ADDRESS _____

Email _____

I would like to nominate for the following team:

- ☐ UNDER 8s (TACKERS) ☐ UNDER 9s (TACKERS) ☐ UNDER 10s ☐ UNDER 11s ☐ UNDER 12s
☐ UNDER 13s ☐ UNDER 14s

I have played with the following Clubs during the last 3 Seasons:

FOOTBALL CLUB	CONTROLLING BODY / LEAGUE	SEASON
1		
2		

If applicant has not previously played Club football, but has been involved in Auskick Program, please indicate name of Auskick Centre:

- ☐ ALPHINGTON – FAIRFIELD ☐ OTHER (Please name): _____
 LAST YEAR INVOLVED: _____

Is the applicant at present under disqualification for a misdemeanor or financial reasons? ☐ YES ☐ NO

 PLAYER'S SIGNATURE

 SIGNATURE OF CLUB OFFICIAL
PARENT'S DECLARATION

 DATE

I _____ being the Parent/Guardian of the above named player verify the date of birth stated above. I give my consent to him/her becoming a member of the Parkside Junior Football Club (PJFC). I have read and fully understand the rules and policies of the Club and League. I understand that the player is bound to the Club subject to the Clearance Provisions of the Yarra Junior Football League and Victorian Metropolitan Football League, and until such a clearance is gained from such Club, he/she is ineligible to play with any other Club.

As part of my child's application, I accept that I will be placed on a parenting roster as ascribed by PJFC, in order that 'day-to-day' activities as organized by the Club are equally shared by all families. Please nominate your preference:

- ☐ BBQ, Food preparation ☐ Administrative duties
☐ Game-day field duties

 SIGNATURE OF PARENT/GUARDIAN

 DATE

MEDICAL DETAILS:

Does the player have any medical conditions that the PJFC should be aware of (eg. Asthma, serious allergies such as food allergies or allergies to medication, epilepsy, etc.)? **Yes/No**

If Yes, details: _____

Are there any matters that an ambulance or medical officer should be informed of should treatment be required? **Yes/No**

If Yes, details: _____

Do you agree that if the Club is unable to contact any of the player's parent(s)/guardian(s) listed below, medical treatment can be administered to the player under the direction of ambulance officers and/or qualified medical personnel? **Yes/No**

PJFC reserves the right to:

- administer minor treatment to players on the field, including treating cuts and abrasions, bandaging suspected strains and sprains, etc;
- call an ambulance to treat and transport players;
- provide first aid to any player; and
- bill the parent/guardian for any costs incurred that are not covered by the Club &/or League's insurance.

These rights apply equally to training as at sanctioned and non-sanctioned games.

EMERGENCY PROCEDURES:

In an emergency or similar situation, an authorized officer of PJFC will attempt to (in the following order):

1. contact the Parent/Guardian 1 listed below using the phone number(s) provided; then
2. contact the Parent/Guardian 2 listed below using the phone number(s) provided.

PARENT/GUARDIAN 1

First Name: _____ Surname: _____

Best phone number in an emergency, eg. mobile: _____

Other phone number: _____

Email: _____

Relationship to player: _____

PARENT/GUARDIAN 2

First Name: _____ Surname: _____

Best phone number in an emergency, eg. mobile: _____

Other phone number: _____

Email: _____

Relationship to player: _____

Signature
Parent/Guardian

Name
Parent/Guardian

Date

Consent for the use of photographic images

Photographic images are important for capturing highlights during the season, as mementos and for use in promoting the Club. For example:

- highlights packages can be recorded as mementos of the exploits of our Devils as they battle it out against other Clubs;
- team photos are included in packages we supply to our sponsors and will be auctioned at the Club Gala night;
- photos and player details will be included in the Club Footy Record, which is a booklet prepared to help supporters put faces to names and is a good 'get to know you' for families associated with the Club;
- our website (www.pjfc.com.au) also benefits from having images of our players.

This general consent form has been prepared to seek prior approval, rather than having to send out individual forms every time we wish to use images of our players. Except for the Footy Record, which is only supplied in hard copy to families associated with the Club, images used in such things as team photos, the annual report and the like will generally not have the names of players attached. Consent forms will be sent out for any new initiatives that may warrant specific consent.

Parental Consent

I, _____, give permission for the Parkside Junior Football Club to include images of my child, _____ in:

- team photographs;
- sponsorship packages;
- the Footy Record;
- season highlight DVD or similar;
- promotional brochure(s);
- the Club Annual Report; and
- the Club website.

Signed by parent or guardian: _____

Date: _____