**NSEFC PLAYER REGISTRATION FORM (2017)**

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| **PLAYER DETAILS** |
| **SURNAME:**  |  | **FIRST NAME:**  |
| **GENDER: (CIRCLE) MALE** | **FEMALE** | **DATE OF BIRTH:**  |
| **ADDRESS:**  |  |  |
| **SUBURB:**  | **STATE:**  |  | **POSTCODE:**  |
| **PRIMARY PARENT NAME:**  |  | **MOBILE:**  |
| **PRIMARY PARENT EMAIL:** |  |  |
| **SECOND PARENT CONTACT/GUARDIAN:** |  | **MOBILE:** |
| **FFA NUMBER: (IF KNOWN)** |  | **CLUB LAST PLAYED?** |
| **CONSENT TO USE PLAYER PHOTO FOR ANY****CLUB ADVERTISING**  | **SIGNED BY PRIMARY PARENT:** |

# FOOTBALL FEDERATION VICTORIA CODE OF BEHAVIOUR

Football Federation Victoria has a “code of conduct for community sport” governing all officials, players, parents and spectators; available at http://www.nsefc.com.au/code-of-conduct.

We, the undersigned, agree to abide by the **Victorian code of conduct for community sport**. Failure to abide by the code may result in suspension of Club membership. Parents are responsible for all fines incurred by their child with regard to breaking the above code of conduct.

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| --- | --- |
| **PRIMARY PARENT INITIAL:**  | **SIGNATURE:**  |
|  |  |

# MEDICAL CONSENT AND EMERGENCY INFORMATION

These details will only be used in an emergency where the Club is unable to contact the parent or guardian.

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| **EMERGENCY CONTACT: (OTHER THAN PARENT)** | **RELASHIONSHIP TO PLAYER:**  |
| **PHONE NO: (HOME)**  | **MOBILE:**  |
|  |  |
| **MEDICARE NUMBER:** | **AMBULANCE MEMBERSHIP NO: (if applicable)** |
| **EXISTING MEDICAL CONDITIONS (EG ASTHMA, ALLERGIES)**  |

**NOTE: Parents / Guardians must provide an asthma / anaphylaxis plan where required**

**MEDICATION DETAILS FOR PLAYER:**

**I agree that in the event of an emergency, where the parent/guardian or emergency contact cannot be contacted, the Club may authorise a responsible adult to seek competent medical attention on behalf of my child.**

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| RELASHIONSHIP TO PLAYER: |  | SIGNATURE: |
|  |
|  **PARENT DUTIES AND VOLUNTEERS** |

Each family will be required to perform a number of duties for their team/s throughout the season such as providing oranges, canteen/BBQ duties and partaking as a match day official.

We are always looking for assistance at the club – please indicate if you can assist with any of the below:

Coaching □ Assisting with Coaching □

|  |  |  |
| --- | --- | --- |
| Team Management □  |  Events  | □  |
| Fundraising □  |  Sponsorship  | □  |
|  **CLUB USE ONLY**  |
|  |  |  |
| **PAYMENT RECEIVED: YES / NO** |  | **DATE PAID:**  **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_** |  |
| **AMOUNT: $** |  | **NEW OR RETURNING:** |  |
| **PAYMENT TYPE: CASH / CHEQUE / Receipt #****EFTPOS / DIRECT DEBIT** |  |
| **PLAYERS PROOF OF AGE RECEIVED: YES / NO**  | **DATE SITED:**  **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_** |  |