



ICBN0018534U

**EAST BURWOOD JUNIOR FOOTBALL
CLUB**

2010 SEASON

NEW PLAYERS WELCOME

**FOR ALL JUNIOR REGISTRATION
INQUIRIES PLEASE CONTACT:**

ROBERT ON 0408315604

(Relevant forms can be downloaded from the website)

NEW PLAYER REGISTRATION FORM



EAST BURWOOD JUNIOR FOOTBALL CLUB

SEASON 2010

TEAM GRADE - Under

Age group by Year of Birth

2001 - U 9	2000 - U 10	1999 - U 11	1998 - U 12	1997 - U 13	1996 - U 14	1995 - U 15	1994 - U 16
------------	-------------	-------------	-------------	-------------	-------------	-------------	-------------

PRIVACY STATEMENT

ALL INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL TO THE EAST BURWOOD JUNIOR FOOTBALL CLUB AND ITS SPONSORS (Please complete both sides of Form)

Registration No:

PLAYER DETAILS (please print clearly in block letters)

Surname	Given Names		
Address			Postcode
Date of Birth		First year playing in EFL	Yes No
School / College Attending			

PARENT / GUARDIAN DETAILS (FIRST CONTACT)

Surname		First Name	
Address (if different from above)			
Phone Nos:	(H) _____	(B) _____	
	(Mobile) _____	(Email) _____	
Please supply email address for notification of Club News			
Relationship to Player			
Parent/Guardians Occupation			

PARENT / GUARDIAN DETAILS (SECOND CONTACT)

Surname		First Name	
Address (if different from above)			Postcode
Phone Nos:	(H) _____	(B) _____	
	(Mobile) _____	(Email) _____	
Please supply email address for notification of Club News			
Relationship to Player			
Parent/Guardians Occupation			

PLAYERS PRIOR PLAYING HISTORY (TO BE COMPLETED BY PLAYERS REGISTERING FOR THE FIRST TIME AT EAST BURWOOD ONLY)

Last Club Played for:			
Association :			
Played From	Year	to Year	No of Games (if known)

If you were referred by a current player, please state name of player and age group	
--	--

OTHER CLUBS / AUSKICK REPRESENTED (and number of games played if known)

Club / Auskick	Years Represented	Games played

FEES PAYMENT : Must be paid before first game

1st Year AUSKICK Participants \$50.00 Discount in 1st year at East Burwood

Please note that child must turn at least 8 years old in 2010 to play under 9

Player Fees UNDER 14s, 15s, 16s : \$140.00 Family (2 players) \$220.00 Family (more than 2 players) \$290.00

UNDER 9s, 10s, 11s, 12s, 13s : \$120 Family (2 players) \$200.00 Family (more than 2 players) \$270.00

If family payment, names of other family members covered.

Cash/Cheque Payment Details(circle)

Amount_\$ _____ Receipt No _____

Credit Card Payment Details

Credit Card Type: Visa MasterCard Bankcard

Card number: / / / Expiry / .

Amount_\$ _____

Cardholder Name: _____

Cardholder Signature: _____

East Burwood Payment Authorization (Signed)

.....

CLUB JUMPERS, PHOTO PERMISSION, MEDICAL AUTHORISATION AND RELEASE OF PERSONAL INFORMATION

At the commencement of the season, each player is provided with a Club Jumper. In return for the use of the Jumper, the Club requires that the following rules be strictly adhered to: -

- **Jumpers must only be worn whilst participating in official club matches.**
- **Jumpers must not be worn to training, or at any other time outside official matches.**
- **Jumpers must be returned at the end of the season in the same condition they were received.**
- **Damage to a Jumper during a game must be reported immediately to your Team Manager**

NOTE: Players chosen to train for representative selection are allowed to wear their jumpers whilst training with these teams.

The cost of supplying jumpers to all players is quite significant. As a consequence your committee feels it has no choice but to ask parents to meet any replacement costs for club property that is damaged or lost outside of the match environment.

Please ensure that your child has their jumper with them when leaving change rooms after the completion of their game each Sunday.

Photo Permission

I hereby give permission for my child to have his/her photograph and/or full name appear on the club website, in the club newsletter and associated publications, newspaper, magazines, brochures, etc. while he/she is a registered player of the East Burwood Junior Football Club. I understand that, should my child's circumstances change, it is my responsibility to notify East Burwood Junior Football Club in writing of such changes.

Permission to supply contact details to Club Sponsors

In order to attract and retain our sponsors, it is necessary from time to time to give them contact details of club members. These details are to be used by the sponsor to contact club members about information relating to their products only. This information will not be used for any other purposes.

Medical authorisation

I authorise any Official connected with the East Burwood Junior Football Club to consent (where it is impracticable to communicate with me), to my child receiving such Medical or Surgical treatment as may be deemed necessary.

This authority is to cover my child at all times while she/he is representing the said club.

Does your child suffer from any Allergies or Medical conditions?

If YES, please give details.

I _____ have read the conditions relating to the use of the East Burwood Junior Football Jumper, use of photos, medical authorisation and release of contact details.

Parent/Guardian's Signature: _____ Date: _____

EXISTING PLAYER REGISTRATION FORM



EAST BURWOOD JUNIOR FOOTBALL CLUB

SEASON 2010

TEAM GRADE - Under

PRIVACY STATEMENT

ALL INFORMATION PROVIDED ON THIS FORM WILL REMAIN CONFIDENTIAL TO THE EAST BURWOOD JUNIOR FOOTBALL CLUB AND ITS SPONSORS (Please complete both sides of Form)

PLAYER DETAILS (please print clearly in block letters)

Surname	Given Names
---------	-------------

FEES PAYMENT : Must be paid before first game

1st Year AUSKICK Participants \$50.00 Discount in 1st year at East Burwood

Please note that child must turn at least 8 years old in 2010 to play under 9

Player Fees UNDER 14s, 15s, 16s : \$140.00 Family (2 players) \$220.00 Family (more than 2 players) \$290.00

UNDER 9s, 10s, 11s, 12s, 13s : \$120 Family (2 players) \$200.00 Family (more than 2 players) \$270.00

If family payment, names of other family members covered.

Cash/Cheque Payment Details(circle)

Amount_\$ _____ Receipt No _____

Credit Card Payment Details

Credit Card Type: Visa MasterCard Bankcard

Card number: / / / Expiry / .

Amount_\$ _____

Cardholder Name: _____

Cardholder Signature: _____

East Burwood Payment Authorization (Signed)

.....

CLUB JUMPERS, PHOTO PERMISSION, MEDICAL AUTHORISATION AND RELEASE OF PERSONAL INFORMATION

At the commencement of the season, each player is provided with a Club Jumper. In return for the use of the Jumper, the Club requires that the following rules be strictly adhered to: -

- **Jumpers must only be worn whilst participating in official club matches.**
- **Jumpers must not be worn to training, or at any other time outside official matches.**
- **Jumpers must be returned at the end of the season in the same condition they were received.**
- **Damage to a Jumper during a game must be reported immediately to your Team Manager**

NOTE: Players chosen to train for representative selection are allowed to wear their jumpers whilst training with these teams.

The cost of supplying jumpers to all players is quite significant. As a consequence your committee feels it has no choice but to ask parents to meet any replacement costs for club property that is damaged or lost outside of the match environment.

Please ensure that your child has their jumper with them when leaving change rooms after the completion of their game each Sunday.

Photo Permission

I hereby give permission for my child to have his/her photograph and/or full name appear on the club website, in the club newsletter and associated publications, newspaper, magazines, brochures, etc. while he/she is a registered player of the East Burwood Junior Football Club. I understand that, should my child's circumstances change, it is my responsibility to notify East Burwood Junior Football Club in writing of such changes.

Permission to supply contact details to Club Sponsors

In order to attract and retain our sponsors, it is necessary from time to time to give them contact details of club members. These details are to be used by the sponsor to contact club members about information relating to their products only. This information will not be used for any other purposes.

Medical authorisation

I authorise any Official connected with the East Burwood Junior Football Club to consent (where it is impracticable to communicate with me), to my child receiving such Medical or Surgical treatment as may be deemed necessary.

This authority is to cover my child at all times while she/he is representing the said club.

Does your child suffer from any Allergies or Medical conditions?

If YES, please give details.

I _____ have read the conditions relating to the use of the East Burwood Junior Football Jumper, use of photos, medical authorisation and release of contact details.

Parent/Guardian's Signature: _____ Date: _____