



Spotswood Football Club Inc
Junior Player Registration Form 2012
www.spotswoodfc.com.au

Player Details **Member No.**

Surname: First Name(s)..... Date of Birth: /.... /...
 Address: Suburb: Postcode:
 Home Phone..... Player Mobile: Gender (M/F).....

Contact Details:

Mother/Guardian1 Mobile:
 Father/Guardian2 Mobile:
 Other Emergency Contact: Mobile:

Email for all Correspondence:

EMAIL - IMPORTANT:
 All correspondence for SFC is done electronically. Should you not have an email address, please visit
www.spotswoodfc.com.au for regular updates including fixtures, ladders, newsletters & all current club information.

Medical Details:

Medicare Number: Private Health Insurance Yes/No If Yes:
 Ambulance cover Yes/No... If Yes Number
 Doctor: Phone Number:
 Dentist: Phone Number:

Does your child have any conditions that you, in consultation with your doctor, consider appropriate to notify the club of?
 eg. Previous injuries, medical conditions such as asthma, diabetes etc or allergies or other. If so, please list here:

Parent Rostering (matches cannot start until all jobs are filled):

Parents will be included on a roster for match jobs and are expected to make themselves available a minimum of 4 times during the season (players will be required to fill jobs instead of playing when parents are not available).
 If you have a preference, indicate below, otherwise jobs will be randomly allocated: Name:.....

Water Person Field Umpire Goal Umpire Timekeeper Trainer Boundary Umpire

Additional Non match day roles of interest: Committee Fundraising Canteen General Helper

Are you interested in Sponsoring the club or a player: Yes No

Other Information:

PLAYER PHOTOS: The club may at times post player photos onto the club website. Please notify club if you don't wish your child to be photographed.
INSURANCE: The club has limited cover for player injuries incurred whilst playing/training and liability. Further details are available by contacting the Club Administrator.
The club encourages private medical cover and the use of mouth guards for all players.
CAPPING OF PLAYERS PER TEAM: The club may have to cap the number of players per team. This will be dealt with on a team by team basis.

**** Please turn over to complete this form**

Membership Fees:

2012 Player Age Groups & Fees

U9 – Year of Birth: 2003/2004	\$170	Please deduct \$10 discount per subsequent siblings.
U10 – Year of Birth: 2002	\$170	
U11 – Year of Birth: 2001	\$180	
U12 – Year of Birth: 2000	\$180	
U14 – Year of Birth: 1998/99	\$190	
U16 – Year of Birth: 1996/97	\$200	

Fees are due by March 16th, 2012

Fees can be paid prior to registration nights either by direct debit, cheque or Credit Card.

Direct debit details are: BSB: 633-000 Acc Number: 144622735 Account Name: Spotswood Football Club Inc

Please use Player Name & Age Group as reference eg: Fees J Smith U16's – failure to do this may delay your child's registration.

Please fill out below for all Credit Card & cheque payments.

Please send completed forms to: Junior Registrar, Spotswood Football Club Inc., PO Box 2099, Spotswood 3015

Code of Conduct:

The SFC has a Code of Conduct document available on our website – www.spotswoodfc.com.au

By registering, as a player & parent/s of a player, you agree to abide by the SFC and the WRFL Code of Conduct.

Signature(s) – Player Consent (and Parent/Guardian consent :

To the best of my knowledge, all information supplied is correct and I agree to abide by the Spotswood Football Club Inc rules and Code of Conduct.

I also authorise medical assistance to be administered to the player in the event it is required.

Player Name: _____ Signature: _____ Date: _____

Mother/Guardian1 Name: _____ Signature: _____ Date: _____

Father/Guardian2 Name: _____ Signature: _____ Date: _____

Contacts:

President

Alan Given president@spotswoodfc.com.au
0437 090641

Administrator

Annette McLaren admin@spotswoodfc.com.au
0419 734812

PRIVACY STATEMENT – Spotswood Football Club abides by the relevant National Privacy Principles of the *Privacy Act 1988*. The information on this form is to be retained by the Spotswood Football Club. The information is used for but not limited to providing medical assistance, injury surveillance information and possibly legal and insurance purposes. You can get more information about the way Spotswood Football Club manages your personal information by contacting the club. Please note you may gain access to your personal information in accordance with the *Privacy Act 1988* and have it corrected, if required.

Check List:

	2011 Players:	New Players:
SFC form (this form) signed (also signed by parents if player not yet 18)	<input type="checkbox"/>	<input type="checkbox"/>
WRFL Registration form signed (with clearance details – first time registered players)	N/A	<input type="checkbox"/>
Copy of birth certificate (First time registered player)	N/A	<input type="checkbox"/>

Please make cheque out to Spotswood Football Club Inc & attach here or fill out credit card details:

Send to: Junior Registrar, Spotswood Football Club Inc., PO Box 2099, Spotswood 3015

Payment details:

Player Name: Age division:

Payment by: Cheque (Please circle)
Credit Card

Credit card Details: Mastercard/Visa (Please circle)

Credit Card Number: ____/____/____/____ Expiry Date ____/____

Name of Card Signature: