

Greensborough Junior Football Club Player Registration Form - 2019

Player Details					
Surname		First name			
DOB	DD / MM / YY	Age group preferred		M	F
List any medical conditions or any special requirements the club should be aware of.					
School		AFL team supported			
Siblings at the club		# of siblings	#	Age	
			1		
			2		
			3		
New Player	No	Yes			
If played previously for a club		Club?		# of Years	
How did you find out about our club?		Friend		School	
		Website		Flyer	
		Other			

Guardian Details (complete for new players or if it has changed from previous year)					
Guardian 1			Guardian 2		
Surname		Surname			
First name		First name			
Phone		Phone			
Email		Email			
Address		Address			
Occupation		Occupation			
Are you available for a role at the club?					
No	If yes;		No	If yes;	
Team Manager			Team Manager		
Coach			Coach		
Committee			Committee		
Other			Other		
Would you like to be contacted to discuss sponsorship opportunities					
No	Yes		No	Yes	