

Greensborough Junior Football Club New Player Registration Form

Year of Registration	
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Player Details					
Surname		First name			
DOB	DD / MM / YY	Age group preferred		M <input type="checkbox"/>	F <input type="checkbox"/>
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 <input type="checkbox"/>	Yes <input type="checkbox"/>			
If played previously for a club		Club?		# of Years	
How did you find out about our club?		Friend	<input type="checkbox"/>	School	<input type="checkbox"/>
		Website	<input type="checkbox"/>	Flyer	<input type="checkbox"/>
		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 <input type="checkbox"/>	If yes;		No <input type="checkbox"/>	If yes;	
Team Manager	<input type="checkbox"/>		Team Manager	<input type="checkbox"/>	
Coach	<input type="checkbox"/>		Coach	<input type="checkbox"/>	
Committee	<input type="checkbox"/>		Committee	<input type="checkbox"/>	
Other			Other		
Would you like to be contacted to discuss sponsorship opportunities					
No <input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Yes <input type="checkbox"/>	