



# GOLDFIELDS JUNIOR FOOTBALL LEAGUE

Please circle age group: 10's 12's 14's 16's

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLAYERS D.O.B: \_\_\_\_\_ B/CERT #: \_\_\_\_\_ SIGHTED BY \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ MALE/FEMALE

PHONE CONTACTS:

HOME: \_\_\_\_\_ PLAYERS MOBILE: \_\_\_\_\_

EMAIL (For Team Updates) \_\_\_\_\_

REGISTERING WITH GJFL CLUB: \_\_\_\_\_

DO YOU HAVE ANY AFFILIATION WITH THIS CLUB – \_\_\_\_\_

*(i.e. Have played or have a Sibling, Family members playing or having played for this club, family history, ties to this club)*

Were you registered with another club before? Yes No  
If Yes, please state Club and last year played: \_\_\_\_\_

**PARENTS/GUARDIAN DETAILS:**

MUM: \_\_\_\_\_ CONTACT PH #: \_\_\_\_\_

DAD: \_\_\_\_\_ CONTACT PH #: \_\_\_\_\_

MOBILE PHONE CONTACTS: \_\_\_\_\_

ADDRESS: *if different to child's* \_\_\_\_\_

EMAIL: *if different to child's* \_\_\_\_\_

PLAYERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(A player who gives incorrect particulars renders themselves liable to disqualification)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Would you be willing to assist the club in a volunteer role?		YES/ NO	
<i>Please circle area of assistance</i>			
Coaching Assist	Coach Manager	Scorer	First Aid
Fund Raising	Equipment Officer	Umpiring	Committee

Note – Please turn over page & complete all details, sign where required, registration will not be accepted until reverse is completed and signed

