



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

