



ALEXANDER FLORINA FOOTBALL CLUB

2020 Season Registration Form

Postal Address: P0 Box 225
Inglewood
Wordsworth Rd
Inglewood WA 6051

PLAYERS DETAILS (one form per player)		***** ALL FIELDS MUST BE COMPLETED*****	
SURNAME:		GIVEN NAMES:	
ADDRESS:			
SUBURB:		POSTCODE:	
DATE OF BIRTH:		PHONE NO:	
EMAIL ADDRESS:			
MOBILE NUMBER:			
Returning Player	<input type="checkbox"/> Yes <input type="checkbox"/> No	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MEDICARE NO:			
PRIVATE HEALTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	FUND NAME:	

NEXT OF KIN DETAILS	
NAME & RELATIONSHIP	MOBILE:

SEASON FEES INC GST (please cross out not applicable)
\$380 - New Player Pack: Kit inclusive of Home Shorts, 1 x Home Socks, 1 x away Socks & Polo
\$360 - 2nd year Player Pack: Kit inclusive of Polo or alternate choice of bag (All AFFC players must have blue polo)
\$350 - 3rd year Player Pack 3: Kit inclusive choice of 1 item Spray Jacket / Track Jacket / Hoodie / New club item (TBA)
Any additional items required:
ALLERGIES / INJURY
Please advise if you have any existing injuries or allergies and/or requires regular medication. <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details.....

VOLUNTEER / HELPER
The Club and its many teams exist and operate through the tireless efforts of volunteers and monetary donations / sponsorship.
The Club encourages players to take an active role in assisting with day to day duties, which benefit all concerned.
The Club would welcome your assistance by choosing one or more of the roles below:
<input type="checkbox"/> Sponsor <input type="checkbox"/> Match Day duties <input type="checkbox"/> Fund Raising <input type="checkbox"/> Social Functions

PARENT DECLARATION, INDEMNITY AND CONFIRMATION
I understand and accept the following points:
1. To be bound by and abide to the FFA National Code of Conduct and Football West Regulations (copies are available from http://www.footballwest.com.au/competitions/forms-documents)
2. Non-refundable deposit.
On behalf of myself, I indemnify the Club from any liability for injury, loss or damage arising out of participation in any activity organised by the Club. I confirm all information in this form is correct.
Players Signature..... Date:
PLEASE ENTER YOUR CLOTHING SIZES AT THE BOTTOM OF THE PAGE

COMPLETED APPLICATION FORM ALONG WITH PAYMENT DUE BY 28 Feb 2020			
To: Alexander Florina Football Club			
To: BSB No: 306 188 Account No: 0000488 - Reference: SURNAME & TEAM			
Date:	FFA Reg No:	Birth Certificate Sighted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> EFT	Fee Paid: \$	Receipt No:
Polo Size:	Shorts Size:	Hoodie Size:	Jacket Size: