



# ALEXANDER FLORINA FOOTBALL CLUB

## 2024 Preregistration Form

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

NEXT OF KIN DETAILS	
NAME & RELATIONSHIP	MOBILE:

TEAM TO REGISTER FOR (PLEASE TICK).
MENS METRO FOOTBALL: <input type="checkbox"/>
MENS MASTERS FOOTBALL: <input type="checkbox"/>
WOMENS METRO FOOTBALL: <input type="checkbox"/>

**Any additional information 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 <a href="http://www.footballwest.com.au/competitions/forms-documents">http://www.footballwest.com.au/competitions/forms-documents</a> )
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: .....

