

PORT NOARLUNGA FOOTBALL CLUB TRANSFORM 2017 CLINIC

REGISTRATION FORM

Program commencing Wednesday 15th of February 2017 for Under 10 and Under 12 players

PERSONAL DETAILS

First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____ T-Shirt Size: _____

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Family Email: _____

Emergency Contact Name: _____ Number: _____

Relationship: _____

Medical Problems/Allergies: YES/NO Details: _____

How did you find out about the Clinic?

Website Flyer/Poster AFL Club Facebook School Other: _____

Are you currently a 2017 registered player of the Port Noarlunga Football Club YES / NO

PARENT/GUARDIAN & CAREGIVERS

- I/We hereby consent to the registration of the participant in the Port Noarlunga Football Club Transform 2017 Program.
- I/We understand that the participant's registration in this program may be withdrawn or suspended should I/we fail to comply with the instructions given from coaches or officials.
- I/We acknowledge that recreational activities have inherent, unforeseeable and foreseeable risks, dangers and hazards that may cause injury or property damage. I/We also agree that the Port Noarlunga Football Club, coaches and volunteers have no liability for such loss arising from a Clinic participant.
- I/We agree should any injury occur the club will, at all times, endeavour to notify the parent/guardian or caregiver but, should an emergency exist, I/We grant the club or an official the authority to seek ambulance and/or medical attention.

Signature (Parent or Guardian to sign): _____

Name: _____ Date: _____

Payment must be received no later than 10th of February 2017

COST: \$50 Please CIRCLE your preferred method of payment. CASH EFT TRANSFER

EFT Transfer BSB 085550 Account No 493096898 (reference participants full name)

PLEASE RETURN COMPLETED FORM TO Mark Dittmar mark.lucie@iinet.net.au Phone: 0427 580 073

Office Use: Registration details verified Payment received Initials/Date _____