

2012 Player Registration Form

Heidelberg United Alexander Football Club



A.B.N. 14 005 398 041
 Postal Address: P.O. Box 8214
 Northland Centre 3072
 Internet: www.heidelbergunitedjwc.com.au
 Email: heidelbergunitedwfc@hotmail.com

Membership Type

Senior Women's - Membership **\$400**

- FFV Player Registration*
- Player Insurance Cover*
- FFV Affiliation & Team Entry Fees*
- Training Kit (Top, Shorts & Socks)*
- Match Day Polo Top*
- Match Day Uniform (Shorts & Socks)*
- Referees Fees*
- Physio Fees (Match Days)*
- Team Tracksuit*

Payment Details:

Cheque Cash Money Order

Raffle Ticket Sales

Credit Card Credit Card Type:
 Visa MasterCard

Credit Card No:

Expiry Date:

Signature:

CVS:

PLEASE NOTE:

- * All prices are inclusive of GST
- * Please make all Cheque payments payable to:
HEIDELBERG UNITED ALEXANDER FOOTBALL CLUB

Please complete the following details

Player Details: (Please Print)

Mr/Mrs/Miss/Ms Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: BH: _____ AH: _____

Mobile: _____

Email: _____

Occupation: _____

Please complete the following details

Emergency Contact Details: (Please Print)

CONTACT # 1

Mr/Mrs/Miss/Ms Name: _____

Surname: _____

Relation: _____

Address: _____

Suburb: _____ State: _____ P/Code: _____

Telephone: BH: _____ AH: _____

Mobile: _____

CONTACT # 2

Mr/Mrs/Miss/Ms Name: _____

Surname: _____

Relation: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: BH: _____ AH: _____

Mobile: _____

PAYMENT CONFIRMATION:

Receipt#:

Payment Date:/...../.....



Heidelberg United Football Club

SENIOR PLAYER MEDICAL DETAILS

This information is intended to assist the coaching staff / Ambulance staff in case of any medical emergency that may arise. All information will be held in confidence.



HEIDELBERG UNITED (Please Print)

Mr/Mrs/Miss/Ms Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: BH: _____ AH: _____

Mobiiie: _____

Email: _____

Name of Family Doctor: _____

Address of Family Doctor: _____

TEL: _____

Medicare No.: _____

Private Health Care Details (if applicable): _____

Health Care Card No.: _____

Ambulance Cover: No Yes Number: _____

PLEASE NOTE THAT AMBULANCE COVER IS STRONGLY RECOMMENDED

Do you suffer from any of the following;

- Fits of any type
- Diabetes
- Heart Conditions
- Blackouts
- Asthma
- Migraines
- Other _____

PLEASE ENSURE ASTHMA MEDICATION IS AT TRAINING AND GAMES AND THE TEAM MANAGER IS AWARE WHERE IT IS.

Allergies to;

- Penicillin
- Other drugs
- Other _____

What Special care is recommended? _____

Are you on any form of ongoing medication, if so please state: _____

CONSENT TO MEDICAL ATTENTION

I hereby give permission to the Coach / Team manager or Club management to seek treatment for me at a hospital, or to call a Doctor and / or ambulance and / or dentist during an emergency and agree to pay all relevant costs involved.

Signature of Player _____ Date: _____