



**Application for Membership of the
GREENSBOROUGH JUNIOR FOOTBALL CLUB INC.
SEASON 2010**

Player Name #1:..... DoB/...../..... Age Group, U/.....

Player Name #2:..... DoB/...../..... Age Group, U/.....

Player Name #3:..... DoB/...../..... Age Group, U/.....

Parent/Guardian details:

(1)..... (Surname) (First Name) (Mobile #):

(2)..... (Surname) (First Name) (Mobile #):

Address:

Telephone: (H)..... Email:

Occupation(s): (1) (2).....

Emergency Contact Details: Name:

Relationship to Player(s): Phone:.....

Medical History of Player(s):

Allergies/Health problems:

Medication (Details):

Family Dr. Name/Clinic:

Does the player(s) have emergency ambulance cover?:

Permission for GJFC to seek medical attention/ambulance if required Yes/No

**I/we desire to become full financial member/s of Greensborough Junior Football Club.
In the event of my/our admission as a member, I/we agree to support the Code of Conduct and to be bound by the rules of the Greensborough Junior Football Club.**

Applicant/s Signature (Parent/Guardian):

Membership Approval

Payment Details: Rego Fees: \$..... Receipt No:
Jumper Deposit: \$..... Date Paid: /...../.....
Merchandise: \$..... Payment Method:
Total Paid: \$..... Treasurer:

Registration Officer: Date Registered:/...../.....