

# Registration Form



# Season 2012

 NAB AFL Auskick

 New Player

Club: \_\_\_\_\_

 AFL Competition Player

 Returning Player

## Personal Details

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

Gender:

 Male

 Female

Have you played AFL before?

 Yes

 No

If Yes, for which club? (Please specify league &amp; or states) \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander descent?:

 Yes

 No

What is your family's cultural background?:

 Afghani

 Greek

 Lebanese

 Thai

 Australian

 Indian

 Pacific Islander

 Turkish

 Chinese

 Iraqi

 Sierra Leonean

 Vietnamese

 Filipino

 Italian

 Sudanese

 Other\*

 \* If your country of cultural background is not on the list please write below:
   
 \_\_\_\_\_

Other than English, if you speak another language at home, please indicate below:

 Arabic

 Greek

 Maori

 Turkish

 Cantonese

 Hindi

 Spanish

 Urdu

 Filipino

 Italian

 Tagalog

 Vietnamese

 French

 Mandarin

 Thai

 Other\*

 \* If your language is not on the list please write below:
   
 \_\_\_\_\_

Please note that the information given above will be used for AFL multicultural development programs and census reporting

**Club Use Only:**

Identification:

 A club official has sighted evidence of Date of Birth?

Name of Official: \_\_\_\_\_

Financial:

 Yes

 No

Financial Balance: \_\_\_\_\_

## Contact Details

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (M): \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Guardian

	Parent/Guardian 1	Parent/Guardian 2 or Emergency Contact
<b>First Name:</b>	<input type="text"/>	<b>First Name:</b> <input type="text"/>
<b>Surname:</b>	<input type="text"/>	<b>Surname:</b> <input type="text"/>
<b>Phone:</b>	<input type="checkbox"/> As above	<b>Phone:</b> <input type="checkbox"/> As above
<b>Email:</b>	<input type="checkbox"/> As above	

Are you able to provide Volunteer Support :  Yes  No

If yes, please tick the box of the appropriate area you are willing to assist the club in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Admin - Accounting    | <input type="checkbox"/> Admin - Sponsorship | <input type="checkbox"/> Event Management      | <input type="checkbox"/> Trade - Electrical  |
| <input type="checkbox"/> Admin - Database Dev. | <input type="checkbox"/> Admin - Website     | <input type="checkbox"/> General Helper        | <input type="checkbox"/> Trade - Landscaping |
| <input type="checkbox"/> Admin - Marketing     | <input type="checkbox"/> Club Communications | <input type="checkbox"/> Match Day - Umpiring  | <input type="checkbox"/> Trade - Plumbing    |
| <input type="checkbox"/> Admin - Policy Dev.   | <input type="checkbox"/> Coaching            | <input type="checkbox"/> Match Day - First Aid | <input type="checkbox"/> Volunteer Mgmt.     |

## Other Details

**School Name:**

**School Suburb:**  **School Grade:**

**Team Allocation:**  (Club use only)

**Mailing List AFL?:** I'd like to receive information & promotions from the AFL and/or the Club I support?  
 Yes  No

**AFL Supporter:** Which AFL club do you support? i.e. Sydney Swans etc

**AFL Member:**  I am currently a member of this club?

**AFL Attendee:** How many national AFL matches on average would you attend each year?

**AFL Viewer:** How regularly would you watch AFL on TV?  
 Never  At least once a week  Every 2-3 weeks

**AFL Participant:** How did you find out about participating in Auskick or playing junior AFL in your local area?

<input type="checkbox"/> AFL Banner	<input type="checkbox"/> AFL Flyer	<input type="checkbox"/> Parent	<input type="checkbox"/> School Newsletter
<input type="checkbox"/> AFL Community Camp	<input type="checkbox"/> AFL Ground (Club)	<input type="checkbox"/> Print Media	<input type="checkbox"/> Sibling
<input type="checkbox"/> AFL Development Officer	<input type="checkbox"/> AFL Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Television
<input type="checkbox"/> Other	<input type="checkbox"/> Friend *	<input type="text"/>	

\* The above friend referred me to this club

## Applicant

I agree to abide by the 'Competition Rules and Bylaws' of AFL South Coast Incorporated.

I will observe and obey these rules and bylaws and be bound by all rulings made by or with the authority of the Association that relate or apply to me.

I declare that the information supplied by me is true and correct.

## Parent/Guardian

I/We hereby consent to this registration to participate in Auskick or play AFL.

I/We acknowledge that I/we have been provided with, and understand, the 'Code of Conduct' of AFL.

I/We hereby agree to abide by the code; and observe and obey this code and all rulings made by the Association that relate to me/us, other family members and invited guests.

I/We agree that images of my/our child may appear on the AFL South Coast website however such images may not be identified by name.

I/We understand that the Association may withdraw or suspend my child's registration to participate in Auskick or play AFL should I/we fail to comply with the code and/or rulings of the Association should I/we breach the code.

I/We agree that should any injury occur, the Auskick Centre or club will, at all times, endeavour to notify me/us but, should an emergency exist, I/we grant the centre or club (or an official) the authority to seek an ambulance and/or medical attention .

.....  
Signature of Applicant (if over 12 years)      Signature of Parent/Guardian      Date this form was completed