



Templestowe United Football Club

PLAYER APPLICATION & MEDICAL FORM FOR REGISTRATION 2017



Return this form together with full payment to:

Templestowe United FC

Email: info@templestoweunitedfc.com Web: www.templestoweunitedfc.com

Ph: 0412 576 825 PO Box 682 Balwyn North VIC 3104

2017 Registration Form

Players under 18 years, require a parent/guardian to complete and please provide details

Applicant Details/Parent (must be over 18)	Partner/Other Parents Details
Surname:	Surname:
First Name:	First Name:
Address:	Home Tel No:
Suburb:	Mobile Tel No:
Post Code:	Email Address:
Home Tel No:	
Mobile Tel No:	Please note that Email is the ONLY method of communication used by Templestowe United FC. Please complete carefully. One email address MUST be supplied.
Email Address:	

Player(s) Details				
First Name	Surname	DOB	Gender M/F	Age Group

CLUB PLAYED AT LAST SEASON IF NOT TUFC:

PLAYER MEDICAL HISTORY:

Do you have a medical condition for any of the players listed above?

Yes No

If Yes, please complete Medical History form at page 3 and submit with your registration.

DISCLAIMER (PARENT/GARDIAN TO SIGN)

I,(printed name) being the parent/guardian of the above listed player/s agree that the activity organised or conducted by Templestowe United FC is in the nature of sport and as such has some dangers and risks, which may include the risk of injury to the participant.

The parent(s)/guardian also agrees that due to the nature of the activity, it would be unreasonable for Templestowe United FC to be in any way responsible for any injury to the participant and the parent/guardian, to the full extent permitted by law, waives all of his or her and the participants legal rights of action against and fully releases Templestowe United FC for loss, damages, injury or death howsoever arising out of or in relation to the participation by the participant in the activities conducted or organized by Templestowe United FC including without limitation for any neglect or tortious act of omission, breach of duty, breach of contract or breach of statutory duty on the part of Templestowe United FC, its office bearers, directors, employees, agents or sponsors.

The parent/guardian agrees that he or she has enrolled the participant freely, voluntarily and absolutely at his or her own discretion and risk and with full appreciation of the nature and extent of all risks involved in the activity. This waiver binds the participant and his or her parents/guardians. The parent/guardian gives permission to Templestowe United FC to photograph the participant for the purpose of promotional material (including website).

In the event of a medical emergency and I can not be contacted, I consent and authorise the officials of the Templestowe United FC seeking or where appropriate administering such emergency medical treatment as deemed necessary by a legally qualified medical practitioner and agree to meet the costs of any treatment or procedures incurred by the Templestowe United FC. I have read and understand this waiver of my legal rights and that of the participant.

The Parent/Guardian & player acknowledge that this is an application for registration only. Submission of an application for registration does not guarantee a placement in a squad.



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The Parent/Guardian & player acknowledge that the total fee will ONLY be refunded if the application is not accepted. Refunds are subject to approval. A \$150 administration fee and reimbursement of any other charges incurred by the club for the player (FFV charges) applies.

The Parent/Guardian agrees to be bound by the Code of Behaviour – Parent/Guardian and Terms & Conditions as published on the Templestowe United FC website.

The Player agrees to be bound by the Code of Behaviour – Players and Terms & Conditions as published on the Templestowe United FC website.

Parent/Guardian Signature (participant if 18yrs+)..... Date...../...../.....

Season 2017 Fee Structure:

Miniroos U6, U7	\$350
Miniroos U8	\$550
Miniroos U9 - U11	\$680
JUNIOR BOYS U12 - 18	\$725
GIRLS/WOMEN U8 - Seniors	\$500
MASTERS Over 35s	\$500

Please Note: A Player's position in a team is not confirmed until payment of fees has been received.

Miniroos PREFERRED TEAM OR TEAM-MATE -----

PAYMENT OPTIONS: PLEASE TICK:

- Cash Payments will not be accepted
- Payment must accompany application form
- Payments are not to be made to team managers or coaches
- Direct Transfer payments are our preferred payment method and must be made via the internet (i.e. not at a branch)

<input type="checkbox"/> Payment by Direct Transfer – INTERNET ONLY		<input type="checkbox"/> Payment by Cheque/Money Order			
Templestowe United FC BSB: 633-000 Account Number: 1514-11105 Please reference player's name		Cheque and Money Orders to be made payable to: Templestowe United FC Player Name and contact phone number MUST be written on the reverse of all cheques and money orders.			
<input type="checkbox"/> Payment by Credit Card: VISA and MASTERCARD ONLY					
Card Holders Name: (as shown on card)					
Card Number:		Expiry:	/	Amount:	\$
Please debit my:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	Card Holders Phone Number:		
Card Holders Signature:					
Players Full Name:					



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This form is for use by new members of Templestowe United Football Club or for changes in existing players. A separate form must be completed for each player.

PLAYER DETAILS:

Surname: _____ First name: _____ M F DOB: _____ Age Group: _____

MEDICAL HISTORY:

Does the player suffer from any of the following (please tick). The club may request a doctor's certificate in relation to certain conditions.

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Dentures/Braces	<input type="checkbox"/>	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Attention Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Leukaemia	<input type="checkbox"/>	<input type="checkbox"/>
Contact Lenses/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Muscular-Skeletal Injuries	<input type="checkbox"/>	<input type="checkbox"/>

If the player suffers from Allergies please provide details:

Does the player take any medication regularly or for emergency use? Yes No

If Yes, please provide details:

Has the player suffered any major illness or injury in the past 12 months? Yes No

If Yes, please provide details:

Is there any other medical/personal information that you consider is important to the players participation in training, athletic and competitive activities? Yes No

If Yes, please provide details:

Is there any other information that you consider may assist us manage a medical emergency? Yes No

If Yes, please provide details:

Member of Ambulance Fund? Yes No

DISCLAIMER:

In the event of a medical emergency and I cannot be contacted, I consent and authorize the officials of the Templestowe United Football Club seeking or where appropriate administering such emergency medical treatment as deemed necessary by a legally qualified medical practitioner and agree to meet the costs of any treatment or procedures incurred by the Templestowe United Football Club. I consent for this information to be shared with my child's coach, assistant coach, club administration and any relevant health professional involved in the training or treatment of my child. This information is not to be disclosed to any other party without my/our written consent.