



# Gordon Football and Netball Club Inc.

## Application for Registration & Membership, Medical & Media Consent

### PLAYER INFORMATION

Player FULL Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER Male / Female  
Age Group/Participation Level : U/\_\_\_\_ JUNIOR SENIOR  
VNA Number (netball only): \_\_\_\_\_ Sporting Pulse Number (football only): \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Email: \_\_\_\_\_

Preferred form of contact: FACEBOOK PHONE SMS/TEXT TO MOBILE EMAIL Please circle a preference

Siblings/Other Family Members Playing:  
\_\_\_\_\_

**JUNIOR PLAYERS:** Are you able to remain after your game to be available for running water for the next level above your grade? YES NO

### EMERGENCY CONTACT

**PARENT/GUARDIAN/EMERGENCY CONTACT DETAILS: If a player is under the age of 18 & a participant in the junior section of the club, the following details MUST BE PROVIDED. All players, both JUNIOR and SENIOR must provide at least one emergency contact**

**Emergency Contact 1:** Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred form of contact: FACEBOOK PHONE SMS/TEXT TO MOBILE EMAIL Please circle a preference

**Emergency Contact 2:** Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred form of contact: FACEBOOK PHONE SMS/TEXT TO MOBILE EMAIL Please circle a preference



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## MEDICAL

### Allergies/Health problems

Asthma, Anaphylaxis, Migraine, Epilepsy or other Fits of any type, Dizziness, Blackouts, Eyesight, Travel Sickness, Heart Condition, Diabetes, Allergies to Dettol, Savlon, Penicillin, other antiseptics, Band-aides, Latex, Any Other Allergies – foods etc

### Medication (Type, Dosage, Other Details):

Does medication need to be held by Coach/Team Manager in case needed for each game? YES NO

**It is the players/parents/guardians responsibility to ensure that this is provided each game day prior to match commencement. It is not the responsibility of the club or its representatives or volunteers to chase this up each week on your behalf.**

**In the case of Asthma, Epilepsy, Anaphylaxis a SIGNED MANAGEMENT PLAN FROM YOUR DOCTOR MUST BE PROVIDED. Players will NOT be able to participate in games or training until this has been provided**

### Doctor Name/Clinic/Phone:

Are there any other relevant or previous injuries or conditions that may affect PLAYERS participation?

Does PLAYER wear glasses/contact lenses?	YES	NO
Are they required when participating in training or game play?	YES	NO
Does PLAYER have/wear braces, dental plate, other dental requirement?	YES	NO Description.....
Are they required when participating in training or game play?	YES	NO

### DOES THE PLAYER HAVE?

Please circle a response to all statements, and provide full details where necessary.

Emergency ambulance cover?	YES	NO
Do you consent for an ambulance to be called if deemed necessary?	YES	NO
Private Health Cover?	YES	NO
Do you consent to your child/yourself receiving emergency medical or hospital treatment?	YES	NO

**PLEASE NOTE: Whilst not compulsory, it is highly encouraged and recommended by the Gordon Football Netball Club that all players wear a mouth guard for training and games.**

### IMPORTANT

1. It is important that you inform your Coach/Team Manager of any changes to your medical condition during the season.
2. The Gordon Football Netball Club reserves the right to request a Doctors medical certificate if a player has been seriously ill or injured before he/she may resume training/playing
3. Medications, Eyewear, dental fixtures etc are the responsibility of the player. No responsibility will be taken by the club for any damage or loss of such items. It is recommended that such items be cleared named for identification purposes.
4. When completing emergency details, please provide the best possible alternative contact. The Gordon Football Netball Club will always contact the parents/guardians in the first instance.
5. All details must be completed. Insufficient information or failure to complete all sections will result in a player not being able to participate until all information has been provided.



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## DECLARATION

I/we acknowledge that injuries may occur during sport and accept that risk. I authorize the club officials & representatives to seek professional medical assistance, administer such first aid as judged to be reasonably necessary, and arrange transportation on my behalf, where I cannot be contacted to do so. I hereby give permission for the named player to train for and play football/netball for the Gordon Football Netball Club in the Central Highlands Football League. I also agree to abide by the rules, regulations, policies and terms of the Club and League. I acknowledge that I have read and agree with the conditions of registration as set out by the Club and League. 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 Gordon Football Netball Club.

Signature: Parent/Guardian/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

## MEDIA CONSENT

The Gordon Football and Netball Club use photographs and digital images to: Record player participation, celebrates player's efforts and achievements, and promotes the club and events held.

I/We: DO / DO NOT consent to my child's/my photograph or digital image being used in the media, on the internet & websites, or other social media

I/We: DO / DO NOT consent to my child's/my name (first and last) to be published in the media, on the internet & websites, or other social media

Signature: Parent/Guardian/Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ALL SECTIONS OF THE FORM MUST BE SIGNED BY LEGAL PARENT/GUARDIAN AS CONSENT FOR APPLICANTS PLAYING FOOTBALL OR NETBALL UNDER THE AGE OF 18.**

**All information contained on this form is for the purpose and function of the Gordon Football and Netball Club and is deemed necessary for the safety of each of our players. We understand that much of this is considered private and confidential and assure you that all information contained will be treated with the utmost privacy.**

### OFFICE USE ONLY:

#### Membership Approval and Payment Details

Registration Fees: \$.....

Receipt No: .....

Date Paid: ..... / ..... / .....

Merchandise: \$.....

Payment Method: .....

Total Paid: \$.....

Treasurer: .....

Victorian Netball Association Registration Number VNA of Applicant: \_\_\_\_\_

Victoria Football Association Registration Number of Applicant: \_\_\_\_\_

Registration Officer: .....

Date Registered: ..... / ..... / .....