



BEVERLEY HILLS JUNIOR FOOTBALL CLUB Inc
(A0007463B) ABN 11145191299



GOOD SPORTS
GOOD SPORTS LEVEL 3 ACCREDITED CLUB

MEMBERSHIP APPLICATION 2010

PLAYERS DETAILS		
SURNAME	FIRST NAME	DATE OF BIRTH
TEAM U/ TACK 10 11 12 13 14 15 COLTS (Please Circle)	NEW/RENEWAL MEMBERSHIP	SCHOOL
EMAIL ADDRESS (IF ANY) :		

PARENT/GUARDIAN DETAILS		
NAME	MOTHER	FATHER
OCCUPATION		
PHONE NUMBER		
MOBILE NUMBER		
MAILING ADDRESS FOR CORRESPONDENCE		
MOTHERS EMAIL		
FATHERS EMAIL		

Do you consent to the Club communicating with you via email? To provide your email to third parties (ie: sponsors)
 YES NO YES NO

The Club needs many Volunteers to run successfully, are you able to help out?
 YES NO

Are you interested in becoming a sponsor of the BHJFC?
 YES NO

The Club has great sponsorship opportunities available; Our Sponsorship Coordinator will contact you shortly.

We wish to apply for Membership of Beverley Hills Junior Football Club and enclose payment

<input type="checkbox"/> \$190 Single Player	Being Family Membership	<u>New Registrations Only:</u> Birth Certificate copied and attached? <input type="checkbox"/> YJFL Registration Form attached? <input type="checkbox"/>
<input type="checkbox"/> \$300 Two Players	Being Family Membership	
<input type="checkbox"/> \$390 Three + Players	Being Family Membership	

PAYMENT DETAILS	
<input type="checkbox"/> Cash Payment \$ _____	Receipt Number: _____
<input type="checkbox"/> My cheque for \$ _____	(payable to Beverley Hills Junior Football Club)
<input type="checkbox"/> Direct Deposit of \$ _____	(Beverley Hills Junior Football Club – Bendigo Bank) BSB 633-108 Account 133221002 (include player name)
<input type="checkbox"/> Please charge \$ _____	To my credit card as indicated
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
CARD NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXPIRY DATE _____
NAME ON CARD: _____	SIGNATURE: _____

SEND TO: BHJFC PO BOX 3360, DONCASTER EAST, VIC 3109

MEDICAL DETAILS

Family Doctor: _____ Phone: _____

Address: _____

Medical Conditions – Does your child suffer from? (please tick)

Heart Condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>	Fits of any kind	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Food Allergies	<input type="checkbox"/>	Medication Allergies	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Travel Sickness	<input type="checkbox"/>	Migraines	<input type="checkbox"/>		

Details/Special needs:

I authorise the Beverley Hills Junior Football Club Inc to consent, where it is impractical to communicate with me, to the player/member receiving such medical or surgical treatments as may be deemed necessary. I am aware that I have a duty of disclosure to the club to notify it of all pre existing medical issues of player members that the club need to know of.

PARENT/GUARDIAN SIGNATURE: DATE:

INSURANCE

The Beverley Hills Junior Football Club strongly recommends that all Players, Coaches, and Team Officials who participate in training and match day duties, be members of a Medical Benefit Association, and be covered by Insurance for their own protection. The Beverley Hills Junior Football Club does not cover any medical expenses or any costs due to Insurance Gaps, however very limited Insurance cover is provided through our cover with JLT Sport. This may be of some benefit to you in the event of an Injury sustained whilst performing your duties at training or on match days. Refer to website for coverage details.

It is hereby acknowledged that the Beverley Hills Junior Football Club Inc. is not in any way responsible for any liability or expense whatsoever and that we will make no claim against the club or its members as a result of any injury to playing members while participating in any activity nominated by the club.

PARENT/GUARDIAN SIGNATURE: DATE:

PHOTOS

From time to time the Beverley Hills Junior Football Club may use images of players, officials and parents for promotional purposes. The Beverley Hills Junior Football Club requires your signature below to acknowledge that you consent and fully understand the above conditions.

PARENT/GUARDIAN SIGNATURE: DATE:

CODE OF CONDUCT

You will find enclosed with this registration form the BHJFC Code of Conduct. It is extremely important for the good of the club that all club members understand and adhere to the guidelines of the Code of Conduct.

I hereby acknowledge that I have read and understood the enclosed BHJFC Code of Conduct and agree to abide by the rules of the club.

PARENT/GUARDIAN SIGNATURE: DATE:

PLAYERS SIGNATURE: DATE:

