



ALSTONVILLE F.C

# ALSTONVILLE & DISTRICT FOOTBALL CLUB INC.

PO BOX 61 ALSTONVILLE N.S.W. 2477  
www.alstonvillefc.com.au



## MEMBERSHIP APPLICATION FORM

I / We agree to be bound by the Constitution, Member Protection Policy and all other policies of the Alstonville and District Football Club Incorporated. This includes our Codes of Conduct for players, parents, spectators, coaches and administrators (see website).

### PLAYERS DETAILS

Surname	Given Names	Date of Birth	School	Player Grade

### PARENTS / CARE GIVER

Parent 1		Parent 2	
Surname	Given Name/s	Surname	Given Name/s

### CONTACT DETAILS (use parent's details if players are under 18)

Address:		Postcode
Email:		(Important: this is our primary means of communication)
Home Phone:	Mobile:	

**PARENTS – WE NEED YOUR ASSISTANCE** Please add your occupation / trade / skills to help formulate a data base of members who could assist with improvements to facilities & management of the club: .....

**COACHING** I am interested in a coaching position for: Grade ..... Name .....

### **SPONSORSHIP (to assist Club with funding of equipment and facilities)**

I / We would like information about various forms of sponsorship. (request brochure for specific details) yes no

### **CHILD PROTECTION (a new Working With Children Check has been introduced from 2013)**

I / We give permission for individual / team photos for use as positive publicity or on the web site. yes no

I / We agree that club officials are not responsible for any supervision for my child beyond training / game times.

I / We agree to adhere to the club's Child Protection policies. (see Member Protection Policy for details)

**TEAM PLACEMENT:** I / We understand players register to play for Alstonville FC and not a particular team or group.

### **MEDICAL PERMISSION**

In my / our absence, I / we authorise Alstonville and District Football Club officials and team management to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses on behalf of the above player members if such an eventuality arises. I understand that the club will not be legally responsible for any injuries incurred by the player while playing for the club.

**Print Name:** ..... **Signature:** ..... **Date:** ..... / ..... / 20.....

Committee Use

Total Cost	Date Fees Paid	Amount Paid	Receipt No.	Still Owing ?	PAID IN FULL