

Registration Form



Season 2012

NAB AFL Auskick New Player

AFL Competition Player Returning Player

Club: _____

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 & or state if not in Greater Sydney Juniors)

Are you of Aboriginal or Torres Strait Islander descent? Yes No

What is your family's cultural background?:

- | | | | |
|-------------------------------------|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Afghani | <input type="checkbox"/> Greek | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Indian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Sierra Leonean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Italian | <input type="checkbox"/> Sudanese | <input type="checkbox"/> 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:

- | | | | |
|------------------------------------|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Maori | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Italian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Thai | <input type="checkbox"/> 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
First Name:	<input type="text"/>	First Name: <input type="text"/>
Surname:	<input type="text"/>	Surname: <input type="text"/>
Phone:	<input type="checkbox"/> As above	Phone: <input type="checkbox"/> As above
Email:	<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

Mailing List AFL?: I'd like to receive information & promotions from the AFL, the Club I support and/or my local junior club/s?
 Yes No

School Name:

School Suburb:

School Grade:

Team Allocation: (Club use only)

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 Greater Sydney Juniors 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 Greater Sydney Juniors Incorporated'.

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 Greater Sydney Juniors 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

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Signature of Applicant (if over 12 years)

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Signature of Parent/Guardian

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Date this form was completed