2021 MEMBERSHIP / REGISTRATION / MEDICAL CONSENT FORM

PLAYER DETAILS					
Player's full name:				Age Group Under:	
Address:				Suburb:	
Post Code		Date of Birth:		Phone No.	
Email:					
Father's Name:				Mobile:	
Mother's Name:				Mobile:	
Emergency Contact:				Mobile:	
Did you play with WJFC last year:	Y / N	Previous clubs:			

All NEW players must provide a copy of birth certificate

MEDICAL INFORMATION:			
Doctor Name		Telephone No.	
Medicare No:		Member No.	
Private Health Fund:		Membership No.	
Ambulance Fund:	Y / N	Number:	
Date of last Tetanus injection:			

CURRENT MEDICAL HISTORY

Does your child suffer from any of the following;

☐ allergies	☐ blood pressure	☐ epilepsy	☐ hayfever	☐ nose bleeds
☐ anaphylaxis	☐ diabetes	☐ fainting	☐ headaches	☐ reaction to drugs
☐ asthma	☐ eczema	☐ fits or blackouts	☐ heart condition	☐ sight/hearing problems
☐ Sunscreen sensitivity		☐ Other		

If you have ticked any of the above, an Emergency Treatment Plan MUST be provided. Without an Emergency Treatment Plan, the club will NOT allow player participation.

Current Medical Problems:	
Regular / Current Medication:	

The trainer in charge must be informed about the management of any medication prior to any game day or training. Arrangements need to be agreed on the transport, storage and administration of medication. In all cases, medication must be labelled with the child's name, dosage and frequency of administration.

Recurring Sporting Injuries:	
Physical or Psychological limitations:	
Anything else to know:	

ANNUAL REGISTRATION FEES

One Player: $180	Two Players: $320	Three Players: $420	(additional players $100 each)

Registration fees include player Insurance, entry to home games and presentation day entry for registered player's immediate family. Special Note: Due to insurance regulations, we are not able to play children in a team unless registration fees are paid in full by round one. Payment can be made on Registration Day to registration officer by Cash, or Credit/Debit Card, or via EFT.

☐ **If you rolled over your fees from 2020 please tick this box**

Payment via EFT:	Bendigo Bank Account: 118371335 BSB: 633-000 Reference: Child's Surname/First Name (ie Smith John) (if paying for 2 or more players, please use eldest child's name)

WANDIN JUNIOR FOOTBALL CLUB

PARENTAL/GUARDIAN CONSENT (please tick)
☐ As a parent/guardian of the above mentioned player, I hereby give my consent for him/her to participate as a member of the Wandin Junior Football Club team/s and agree that the Club will not be held responsible for any injury or loss of property during games, training and activities held by the Club.
☐ Ambulance Cover: Yes / No ☐ I understand the implications & personal financial liability if an ambulance is called and I hereby give my permission for any and all medical attention found necessary, to be administered or sought to my child in the event of an accident, injury or sickness whilst under the direction of the Team Coach, Trainer and/or Team Manager until such time as I can be contacted. ☐ I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs that is not covered by the scheduled Insurance coverage as part of the DRJFL & CVFL Insurance Cover.
☐ I give media consent to the WJFC to use photographs of my child for the purposes of grants, competitions, advertising, newsletters, club website, club facebook page, scoreboard, and video footage of games
☐ I agree that both I and the aforementioned player will abide by the WJFC Code of Conduct, AFL Code of Behaviour principles and all COVID Safe plans. I support the club in its undertakings and encourage the club to take any disciplinary action including the suspension and banning where warranted of any players, parents or spectators for repeated or serious breaches of this code. All players will be provided training on the WJFC & AFL Code of Conduct prior to playing, copies can also be found on the WJFC Junior Football web page.
Parent / Guardian Authorisation Print Name:_____ Signature: _____ Date:_____ Relationship to Player: _____

WORKING WITH CHILDREN					
Do either parent/guardian hold a current working with children check? Y / N					
Parent/Guardian (1) Name:		WWC #		Exp:	
Parent/Guardian (2) Name:		WWC #		Exp:	

SPONSORSHIP			
Would you or your business support the club by becoming a Club Sponsor? Y / N			
Business Name:		Phone No:	

This form is to be used to assist the club in case of any medical treatment required or medical emergency involving a player participating in training, game day or social events for WJFC. This form is COMPULSORY FOR ALL PARTICIPANTS OF WJFC. A copy of each members form must be kept by the Team Manager and Trainer and Club Medical Officer.

The WJFC collects the information contained in this form to provide or arrange first aid and other medical treatments for members. The information collected will be held at your child's club and will be made available to staff of the club and to medical or paramedical staff in the case of an accident or emergency. The information contained in this form is personal information and it will be sored, used and disclosed in accordance with the requirements of the Privacy Act 1998 (Cwth). Parents/Carers note, that in the absence of an Emergency Treatment Plan, only standard First Aid should be administered. We adopt the Code of Conduct and Fair Play Policies of VicSport.

Contact:
Registration Officer
E: registration@wandinjfc.com.au
PO Box 241, Wandin 3139