



# DONCASTER HEIGHTS DOCKERS

A Partner Club of the Fremantle Football Club

## Membership Application

\* Payment is for registration and match fees for 2010. **Payment received by 14 February 2010 will qualify for a \$20 discount for Player 1.** Players **WILL NOT** receive their jumper or be eligible for team selection until fees have been paid

### PLAYER 1— \$195 Registration \*

Surname \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Date of Birth \*\* \_\_\_\_\_  
 School \_\_\_\_\_  
 Age Group T 10 11 12 13 14 15 Colts  
 New or Returning (Pls Circle)  
 Jumper Size \_\_\_\_\_  
 Any Medical Conditions or Allergies: Yes No  
 (If Yes please provide details)  
 Auskick Discount Eligibility: Yes No  
 Club Bag (If New N/C else \$15) Yes No  
 Name on Bag (\$10) \_\_\_\_\_

### PLAYER 2— \$150 Registration

Surname \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Date of Birth \* \_\_\_\_\_  
 School \_\_\_\_\_  
 Age Group T 10 11 12 13 14 15 Colts  
 New or Returning (Pls Circle)  
 Jumper Size \_\_\_\_\_  
 Any Medical Conditions or Allergies: Yes No  
 (If Yes please provide details)  
 Auskick Discount Eligibility: Yes No  
 Club Bag (If New N/C else \$15) Yes No  
 Name on Bag (\$10) \_\_\_\_\_

**\*\*Note:** If you are a first year player in ANY AGE GROUP, including Tacklers, a Birth Certificate or Health Centre Book is to be presented WITH THIS APPLICATION for sighting by the Yarra Junior Football League.

#### I will help out (Please Circle Two Options):

Assistant Coach Time Keeper Interchange Runner Goal Umpire Boundary Umpire First Aid

Club Sponsorships are now available, I would like to be a sponsor: Yes No

### FATHER'S DETAILS

First Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Suburb & PCode \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone H \_\_\_\_\_  
 M \_\_\_\_\_

### MOTHER'S DETAILS

First Name \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Suburb & PCode \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone H \_\_\_\_\_  
 M \_\_\_\_\_

### DECLARATION

Representing my family, I wish to apply for membership of Doncaster Heights Junior Football Club. In applying for membership, I agree to abide by the current rules of the club that if I ask for them, will be provided to me. I accept that my membership of the club will only be approved once I have paid the current registration fee. I will make no claim against the club or its members, both past and present, for any liability or expense incurred as a result of injury to our playing members while participating in any activity nominated by the club.

I know I have a duty of disclosure to the club and that all pre-existing health issues of player members that the club need to know of and of which I am aware have been advised separately to the club.

I consent to Doncaster Heights Junior Football Club Incorporated providing any information to any health professional in circumstances where I am not present at the scene of incident or cannot be contacted within a period of time considered reasonable by any official of the club.

Signature of Player 1 \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Player 2 \_\_\_\_\_  I do not wish any personal information to be made available to affiliated organizations

**Payment Method:** Cash / Chq / Credit Card / Direct Deposit **Bank Details:** Bendigo Bank BSB 633-000 Acc 125162669

Fees Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_

Credit Card Details Visa / MasterCard / BankCard Name on Card \_\_\_\_\_  
 Card Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_  
 Signature \_\_\_\_\_