



Oakleigh Youth Club Football Club Inc.

Registration & Medical Details - 2010

Player Contact Details

Player's Name:

Address:

Suburb & P'code

Phone :

School:

Father's Name:

Father's Email

Mother's Name:

Mother's Email

Family Email

<i>Club Use Only</i>
MSJFL Reg:
Receipt No:
Amount Paid:
Date Paid:

Age Group: Under **'s**

Date of Birth: / /

Phone:

Mobile:

Phone:

Mobile:

I understand that as a condition of membership of the O.Y.C.F.C. that I, and my family must comply with the Codes of Conduct, Rules, Regulations, Laws and By-Laws of the OYCFC, the MSJFL and Football Victoria. I understand that under the O.Y.C.F.C. By-Law No.22, I will participate in the Club's duty roster when required. By selecting the appropriate box below you agree/disagree to have your child's photo appear in the Oakleigh Dragon's website I agree I disagree

Parent's signature: **Date:**

Parent's name:

Player Medical Details

Does your Child have: Diabetes? Yes/No Epilepsy? Yes/No Asthma? Yes/No Other illness? Yes/No
If yes, please supply any relevant details _____

Is your child on medication? Yes/No If yes, please detail _____

Do you have Ambulance Cover? Yes/No
Do you have Private Health cover? Yes/No

I will be in attendance at all club activities with my child or will nominate a responsible person to oversee my child. In my absence or unavailability, I authorise the Club to consent to my child receiving medical or surgical treatment deemed necessary and agree to pay any Ambulance, Medical or Hospital costs incurred.

Parent's signature: **Date:**

Parent's name:

All details on this form are only for the use of the Oakleigh Youth Club Football Club Inc. only and will not be given wholly or in part, to any third party except in a medical emergency.

NB: Your child's fees entitle's the above nominated parent's to attend club meetings, be nominated for the committee and vote at the AGM.