



WHITFORD CITY FOOTBALL CLUB (INC)

JUNIOR REGISTRATION FORM

Players Details

Players First Name		Please circle Male / Female
Players Surname		FFA No.
Date of Birth		Age this year
Mothers Name		
Fathers Name		
Returning Player Yes <input type="checkbox"/> No <input type="checkbox"/>	New Players Only Age group/ Division played in previously: Club:	

Contact Details

Address	Street	Post Code
	Suburb	
Home phone		
Mobile phone (parent details if < 18yrs)	Mothers Mobile	Fathers Mobile
Email (parent details if < 18yrs)		

N.B. EMAIL ADDRESS WILL BE USED AS MAIN SOURCE OF COMMUNICATION

Medical Information

Does the player suffer from any allergy or health conditions that may affect their ability to play football? If your answer is yes please give full details below	Y N
Details of allergy or health condition

Teams – Please Tick – (Age player will be this Calendar Year)

Small Sided Football: 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>
Juniors: 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/>
Girls: 11 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 17 <input type="checkbox"/>
Team Request:

Teams are formed on the understanding that a parent or suitable individual will volunteer to coach.
 The club will try to accommodate team requests however requests may not always be guaranteed.

Volunteering – Please Tick

The club requires parents and family members to volunteer. This is essential for the club to operate. All parents are expected to do their share of linesman and refereeing duties on game day, and to contribute to the club in one of the following ways

Coaching <input type="checkbox"/>	Assistant Coach <input type="checkbox"/>	Team Manager <input type="checkbox"/>
Committee Member <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Sponsorship <input type="checkbox"/>

Conditions of Membership

I, the undersigned, understand & agree to the following conditions of membership;

1. Members will not hold responsible and will not indemnify Whitford City Football Club Inc personnel and office bearers for any injury, damage, or loss whatsoever arising from any accident or event unless proven otherwise;
2. Be bound and abide by the Whitford City FC Constitution, club rules and policies and abide by the Football Federation and Football West Rules of Competition, Player and Spectator Code of Conduct which can be found on the Whitford City FC website. Failure to do so may result in suspension or expulsion from the club;
3. A team and/or player, in some circumstances, may be required to pay respective Infringement Notices sanctioned by Football West when team and/or player have breached the rules of competition. This will be at the committee's discretion post a thorough investigation;
4. Authorise the Whitford City Football Club Inc to arrange medical or hospital treatment, including ambulance transportation, if I am not available to do so, and indemnify Whitford City Football Club Inc from all associated costs;
5. Acknowledge that teams are formed on the understanding that a parent or suitable individual will coach, and that the committee of Whitford City Football Club Inc cannot guarantee that a coach will volunteer to organise the team. If a coach cannot be found, the team will no longer exist and a refund will be given prior to the season;
6. **NO REFUNDS** will be given unless exceptional circumstances arise and will be at the committee's discretion;
7. Managing, refereeing, linesman, canteen and grounds duties are all duties that will require participation of all parents for that team to compete throughout the season; (these duties are compulsory)
8. Agree to return the club shirt borrowed for the season on the last game day to the Team Manager;
9. Give permission for (name of players) _____ photograph to be published on the Whitford City FC website.
10. Give permission for all details on this form to be used to register player with the FFA on My Football Club.

Parent Signature..... Date.....

Players Signature..... Date

SSG (5 - 7yrs) \$175	SSG (8 - 11 yrs) \$185	Juniors (12-16 yrs) \$230	Youth (17 & 18) \$240
Shorts \$16 <input type="checkbox"/> (please circle size) 6 8 10 12 14 16 18 20 22 Any shorts purchased before 2011 will not be suitable for use with new uniform.			
Payment option: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
<input type="checkbox"/> Bpay – WESTPAC – BSB 036-073 – A/C 19-1359. PLEASE USE PLAYERS NAME AS REFERENCE Receipt			
<input type="checkbox"/> Credit Card (\$2.00 administration fee). Card No..... Exp Date:..... Security Code:..... Name as on card:..... Authorisation Signature.....			
<u>OFFICE USE ONLY</u>			
Sibling discount: <input type="checkbox"/> \$10 - 2 nd child <input type="checkbox"/> \$15 - 3 rd child+			
Total fees paid:		WCFC Receipt No:	

