



# REGISTRATION FORM

New Player    Returning Player    Social Member

**Which team you would like to be considered for this season:**

FFV Mens    FFV Womens    FFV Juniors    Veterans

## FAMILY DETAILS

**Parent/Guardian 1**   First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent/Guardian 2**   First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

## PLAYER DETAILS

**Player 1**   First name \_\_\_\_\_ Surname \_\_\_\_\_

Sex:  Male  Female   Date of birth   /   /   Club registered for last season

Medical information   Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Do you suffer from any special medical condition(s) or allergies which we should be aware of?    Yes    No   If yes, please provide details:

**Player 2**   First name \_\_\_\_\_ Surname \_\_\_\_\_

Sex:  Male  Female   Date of birth   /   /   Club registered for last season

Medical information   Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Do you suffer from any special medical condition(s) or allergies which we should be aware of?    Yes    No   If yes, please provide details:

**Player 3**   First name \_\_\_\_\_ Surname \_\_\_\_\_

Sex:  Male  Female   Date of birth   /   /   Club registered for last season

Medical information   Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Do you suffer from any special medical condition(s) or allergies which we should be aware of?    Yes    No   If yes, please provide details:

## VOLUNTEERS

**I can help:**    Canteen    Match Day    Junior Coach    First Aid    Sponsorship    Other:

## APPLICATION FOR MEMBERSHIP TO MONTROSE SOCCER CLUB

I, \_\_\_\_\_, of \_\_\_\_\_  
(name) (address)

apply to become a member of Montrose Social Soccer Club (Incorporation No. AA0016084T). I agree to be bound by and observe the following (for the time being in force and applicable to me as a Member of the Club or a registered participant):

- (a) this Constitution;
- (b) the Laws of the Game;
- (c) the Statutes and Regulations and those of the By-Laws expressed to apply to or in relation to Members;
- (d) the Statutes and Regulations and the constitutions and by-laws of FFA and FFV as enforced from time to time;
- (e) the FFV Codes of Behaviour and Rules of Competition, as amended from time to time; and
- (f) the FFA Code of Conduct, as amended from time to time.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**If the applicant is under 18 years of age**, I acknowledge and agree the applicant's grant of membership is subject to the applicant's agreement (and, to the extent it is applicable, my agreement) to be bound by and observe the constitution, rules, regulations, statutes, by-laws and codes set out above. In the event of any accident or illness, I authorise the Montrose Soccer Club or nominated person to obtain on my behalf, medical treatment as my child/children require. I accept all interventions as deemed necessary at the time. I also accept the responsibility for payment of any expense incurred.

Signature of Parent/Guardian (if applicant under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

**SENIOR PLAYER ONLY  
MEDICAL INFORMATION**

**ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL ONLY BE USED IN THE CASE OF AN EMERGENCY.**

<b>Emergency Contact</b>	Name	Relationship	
Telephone Home:	Mobile:		
<b>Health Care Details</b>	Ambulance Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Private Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fund	Membership Number	
Family Doctor	Telephone	Can they be contacted at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Current History</b>	<b>Current Medical Problems:</b>		
	<b>Regular medications:</b>		
	<b>Allergies:</b>		
	<b>Sporting Injuries</b> (Please list any current or recurring injuries or that require surgery)		
<b>Past History</b>	<b>Have you or did you have?</b>		
	Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hepatitis A <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other, please list:		
<b>Have you been ever treated for a head, neck or spinal injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details:			
<b>Have you had a fracture or dislocation in the last 3 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details:			

**REGISTRATION FEES**

<input type="checkbox"/> FFV Mens	<input type="checkbox"/> FFV Womens	<input type="checkbox"/> Veterans		
<input type="checkbox"/> FFV Juniors: <input type="checkbox"/> Under 7	<input type="checkbox"/> Under 8-10	<input type="checkbox"/> Under 11	<input type="checkbox"/> Under 12-16	<input type="checkbox"/> Under 17-18
<input type="checkbox"/> Social Membership				
Amount	\$			
Less Discounts	\$			
<b>Total Amount</b>	<b>\$</b>			
1. Membership will not be accepted unless the player/parent/guardian agrees to the terms and conditions of the Montrose Social Soccer Club. 2. All fees are to be paid prior to the start of the season, unless agreed to by Montrose Soccer Club.				

**Office Use**

Deposit Paid \$	Balance Due \$		
<b>Direct Debit setup:</b>			
Start Date:	Completion Date:	No. Installments	Total Amount: \$
<b>FFV player self-registration complete setup:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		FFV number	
<b>FFV Junior player birth certificate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			