

# BELEURA JUNIOR SPORTS CLUB.

## PLAYER APPLICATION FOR MEMBERSHIP 2020



Registering for Age Group: \_\_\_\_\_  
 Player Type: \_\_\_\_\_  
 (New, Existing, Transfer)

Payment Details:  
 BSB – 633000  
 ACC – 152560371

Please use Names as  
 Reference for Payments

Football

Netball

Basketball

USE BLOCK LETTERS			PLAYER DETAILS		
First Name:	Middle Name:	Surname:			
Address:				Postcode:	
Home Phone:	Date of Birth:	Email:			
School:				AFL Team:	
PARENTS/GUARDIANS DETAILS - INDICATE PRIMARY CONTACT					
Mothers First Name:	Mothers Surname:		Mobile:		
Mothers Email:			*Occupation		
Fathers First Name:	Fathers Surname:		Mobile:		
Fathers Email:			*Occupation:		

\*We ask for your occupation as we may ask your advice or for your assistance in the area of your expertise.

## MEMBERSHIP FEES: Refer to attached Membership Fee Schedule. (INCLUDES REGISTRATION AND INSURANCE)

**NOTE: ALL PLAYER MEMBERSHIP FEES SHALL BE PAID IN FULL BEFORE ROUND 1 EACH YEAR. (UNLESS PRIOR ARRANGEMENT HAS BEEN MADE WITH THE EXECUTIVE COMMITTEE). AFTER ROUND 1, NO PLAYER SHALL BE PERMITTED TO TAKE TO THE FIELD UNTIL FEES ARE PAID IN FULL.**

### FORM OF INDEMNITY

In consideration of the Beleura Junior Football Club ("the Club") accepting the above named player as a member of the said Club, I agree and do hereby indemnify the said Club, its Officers, Servants and/or Agents insofar as and to the extent to which the said Club, its Officers, Servants and/or Agents are not entitled to be indemnified under the policy of insurance whatsoever from and against any damage and claims or demands arising out of any accident or illness which may befall or occur to the said player during his/her participation in any activity or function connected with the said Club or when travelling to and from such activities or functions. I further authorise any Officers or Servants of the said Club in the event of such accident or sickness to obtain any necessary medical assistance or treatment and for this purpose engage any doctors, nursing assistance or hospital accommodation and in the event I agree to pay all such doctors, nurses or hospital fees and expenses other than fees and expenses recoverable under the policy of insurance whatsoever, such fees to be paid to the said Club on demand.

**SIGNED:** ..... **DATE:** .....  
 (PARENT OR GUARDIAN)

### OFFICE USE ONLY:

Beleura Membership Form Completed: Y / N      Processed By: \_\_\_\_\_  
 Beleura Medical Questionnaire Completed: Y / N      Date: \_\_\_\_\_  
 Birth Certificate Received: Y / N      (Secretary): [secretary@beleurajfc.com](mailto:secretary@beleurajfc.com)  
 Registration Fees Paid in Full: Y / N

# Player Medical Profile – Personal Record

## Contact in case of Emergency and General Information

(1) Parent/Guardian: ..... Relationship.....

Home No: ..... Mobile No: .....

(2) Parent/Guardian: ..... Relationship .....

Home No: ..... Mobile No: .....

Are you willing to help when required with any building or any workings etc. around to Club Yes  No

## Healthcare Details.

Ambulance Member: Yes  No

Medicare Number: .....

## Medical History.

### Conditions:

Epilepsy Yes  No

Asthma Yes  No

Diabetes Yes  No

Heart Problems Yes  No

If yes, please advice of management plan.  
.....  
.....

### Inoculations:

Hepatitis B Yes  No

Tetanus Yes  No

Other Describe.....  
.....

### Allergies:

Bee stings, Medication etc. Yes  No

If yes, please advise.....  
.....

### Relevant current or previous injuries and / or conditions:

Description:.....

Management Plan: .....

Please list/describe any other information the sports trainer should know about:  
.....  
.....

## Photo Declaration

Do you give permission for your child to be photographed for newsletters and/or internet photo's: Yes  No

I \_\_\_\_\_, being the parent / guardian of \_\_\_\_\_

Give permission to the appropriate person(s) to administer medication if they consider it appropriate in accordance with the Asthma Victoria recommendation. I also acknowledge that this does not reduce my responsibility in ensuring that the above person has their own medication as per their Asthma Management Plan.

I also acknowledge that injuries may occur during sport and accept that risk. I understand that the information given here is of a confidential nature and only to be used in an emergency, however, I give permission for this information to be distributed to Club Trainers, Coaches, committee etc when relevant. I also authorise the Club Officials to seek professional medical assistance and arrange transportation on my behalf when deemed necessary.

Signature: .....

Date: .....