

# PLAYER REGISTRATION

MERRIMAC FOOTBALL CLUB PLAYER REGISTRATION - 2024 SEASON	
Player's Name:	
Address:	
Contact Number:	Community or Development:
Date of Birth:	Male/Female:
How Many Years Playing:	Previous Club/s:
FFA Number:	School:

Parent/Guardian Name: <i>(Primary Contact)</i>	
Contact Number:	Email:
Parent/Guardian Name:	
Contact Number:	Email:
Emergency Contact:	
Contact Number:	Email:

PLAYER'S MEDICAL INFORMATION	
Does the Player have any allergies?	Details if Yes:
Is the Player taking any medication?	Details if Yes:
Is there any medical condition we should be aware of?	

PLEASE COMPLETE ALL OF THE ABOVE

REGISTRATION DEPOSIT - \$300.00	
<b>Account Name:</b> Merrimac Football Club	<b>Date Deposit Paid:</b>
<b>Bank:</b> Suncorp	<b>Office Use:</b>
<b>BSB:</b> 484 -799	
<b>Account:</b> 561029622	

I understand that it is my responsibility to keep the club updated with all relevant information, especially emergency contacts and medical details. I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me, and I give permission for the club and/or any medical authorities present, to administer any appropriate or necessary medical attention.

I consent to the club maintaining records and information relating to my child in confidential electronic documents and in club information folders for the purpose of club administration. I understand that I have a right to see this information if I so desire, providing I give appropriate notice to the club.

I consent to the club using appropriate images and photos/video of my child for purposes relating to the promotion and marketing of the club and its activities.

***I declare that the above information is true and correct. We the Player and Parent/Guardian agree to abide by Merrimac Football Clubs 'Code of Conduct' (see website). Failure to follow our 'Code of Conduct' may lead to suspension or immediate termination of contract.***

Parent/Guardian Declaration: ..... Dated: .....