

MT ELIZA FOOTBALL NETBALL CLUB REGISTRATION FORM 2016

Full Name	
Phone number	
Email	
Address <i>incl. postcode</i>	
D.O.B	
VNA #	
Current Occupation	
Emergency Contact (Name and contact no)	
Medical Condition (if Applicable)	
Preferred grade (A,B,C or D)	
Previous club & grade	
Preferred positions (3)	
Are you able to commit to Wednesday Night trainings: YES/NO	
Are you planning any holidays between April and September (in season): YES/NO	
Are there any factors that may affect your availability for training or game day? Please list:	
*Terms and Conditions ^Photo/Video image	*I agree to abide by the Code of Conduct of the Mt Eliza Football Netball Club. I understand that the Mount Eliza Football Netball Club is free and clear of all responsibilities for any accident or illness sustained during my participation in club activities and give permission for Mount Eliza Football Netball Club to seek medical assistance where necessary. ^I give permission for my photo/video image to be used for publication in newsletters or club website
SIGNED	DATE