



PLAYER REGISTRATION FOR SEASON 2018

SENIORS

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Schedule of Fees for Season 2018

Senior Men, Women & Reserve Membership	\$	\$
	<u>TOTAL</u>	\$

PLAYER DETAILS:

Name: _____ Surname: _____ DOB: _____

Address: _____ Suburb _____ Postcode _____

Phone Numbers: Home _____ Work _____ Mobile _____

Occupation: _____ FFA Number: _____

E-mail Address: _____

ADMIN ONLY

Uniform Size

Playing strip

Shorts _____ Top _____ Jacket _____ Polo _____

SIGNITURE: _____

COMMITTEE USE ONLY

Payment Received \$ _____ Receipt No. _____ Date _____

“Please be advised that: Greenvale United SC Have a No Refund Policy. Thank-you

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Medical Form

Player's Given Name/s			
Player's Surname			
Address/Postcode			
Date of birth			
Medicare Number			
Ambulance Cover No.			
Private Health Insur. Name & No.			

Please circle YES or NO if you suffer from the following conditions:

Asthma	YES	NO	Diabetes	YES	NO
Allergies (please explain below)	YES	NO	Cardiovascular (heart) disease	YES	NO
Migraine/Headaches	YES	NO	Epilepsy	YES	NO
Braces/Dentures	YES	NO	Contact Lenses/Glasses	YES	NO
Hearing Impairment/Aid	YES	NO	Injuries (please explain below)	YES	NO

Do you have any other medical conditions or injuries (please explain):

Emergency Contact Information (other than parent/guardian)

	Emergency Contact (1)	Emergency Contact (2)
Full Name		
Relationship		
Emergency Contact Number		
Emergency Email Address		