

# South Toowoomba Australian Football Club



## SENIOR TEAM



Player & Family Club Registration

2011

New Registration

Re-registering

Transferring from another club

CLUB USE ONLY	
AFLQ Reg.	
Receipt No.	
Amount Paid	
Date Paid	

Player Name			
Date of Birth			
Residential Address			
Postal Address			
Player Phone			
Player Mobile			
Player Email			
Emergency Contact Name		Phone	
Email		Mobile	

**Player medical details** - Personal and medical information are to enable a player's family to be contacted and assist in the provision of appropriate medical treatment in case of an emergency. All information is treated confidentially.

Please list any relevant allergies, illness or medical conditions:

Please indicate which areas you can assist

First Aid 
 Canteen 
 Fundraising 
 Committee 
 Other

**Media Release:** During the season STAFC may wish to use photographic or video images of players for promotional purposes. Because of the Privacy Act it is imperative that consent has been given by player or parent/care-giver prior to publication of any images, which may include photos in newspapers, web and various forms of electronic media or video footage. Consent that is granted will remain in force for the current season by selecting the appropriate box below

Agree
  Disagree

I understand that as a condition of membership of the South Toowoomba AFC that I, and my family must comply with the codes of conduct, rules, laws and by laws of STAFC, AFLDD and AFLQ.

Player Signature		Date: / /
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