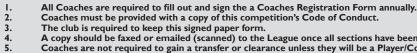


## **COACHES REGISTRATION FORM**

(As at I February, 2007)

Fax: (02) 9360 2255 Email: alana.shackleton@aflnswact.com.au



- All Coaches are required to fill out and sign the a Coaches Registration Form annually. Coaches must be provided with a copy of this competition's Code of Conduct. The club is required to keep this signed paper form. A copy should be faxed or emailed (scanned) to the League once all sections have been completed. Coaches are not required to gain a transfer or clearance unless they will be a Player/Coach. New players will also be required to complete a Player Registration and Transfer Form.

PERSONAL DETAILS (Please complete using BLOCK letters)						
FIRST NAME(S):						
SURNAME:						
DOB:	1	1		ADDR	ESS: No:	
STREET:						
SUBURB:						
STATE:		POSTCOD	E:			
CONTACTS: (H)	-			(W)	-	
(M)		-	-			
EMAIL						
<u>_</u>						
Would you like to receive regular Al	FL (NSW/ACT) update	s and news via ema	il?	Yes	No	
, ,	、 , , ,					
ACCREDITATION IDENTIFICATION NUMBER						(If not accredited please put N/A)
LEVEL OF ACCREDITA	TION					
LEVEL I - AUSKICK		LEVEL I -Y	оитн		LEVEL I - SENIOR	
LEVEL 2		LEVEL 2 - A			LEVEL 3	
YEAR OBTAINED ACCREDITATION LAST UPDATED						
CLUB NAME					COACH	r ASSISTANT
SENIORS	RESER	/ES		UI8	SE	COND DIVISION
If more than one team in the	e competition, ple	ase differentiate	e which of the	two/three	e teams you are coaching	
AFCA MEMBERSHIP						
AREYOU A CURRENT	AFCA MEMBER	X?	YES		NO	
ARE YOU A FORMER A	FCA MEMBER?		YES		NO FIN	ALYEAR
BRANCH						
COACHES SECTION Signature of Coach:Date:						
I hereby agree that I am bound by the rules, by-laws and policies of the club, the league and the AFL (NSW/ACT) Commission Ltd ("the Commission)" as amended from time to time ("the Rules"); I acknowledge that my failure to adhere to the rules may result in de-registration; and I consent to the league and the Commission to use the information on this Registration Form for purposes other than registration. I declare that the information provided by me is true and correct. I authorise this League to advise my former League(s) of this application, via electronic summary if required, and to obtain details of my tribunal history if the league so chooses. <i>I have received and understand my responsibilities under the League's Code of Conduct.</i>						
OFFICIALS SECTION (MUST b) Signature of Official:	e completed by the Clu	b Secretary/Registr	ar or President O			Date:
In submitting this form, I declare that the i	nformation supplied is in a	ccordance with the co			evant information and documentation	