



## Loddon Mallee Zone Football Limited.

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ABN: 73133810009

## PLAYER REGISTRATION FORM 2011/12

<b>PLAYER REGISTRATAION INFORMATION – 2011/12</b>	<b>FFA Number:</b>	
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<b>Surname:</b>				<b>Title:</b> (Miss Ms Mr)		
<b>FIRST GIVEN NAME:</b>						
<b>❖SEX (tick):</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>BIRTH DATE:</b> (dd-mm-yyyy)			
<b>STREET ADDRESS</b>						
<b>POSTAL ADDRESS</b> IF DIFFERENT TO STREET						
<b>STATE:</b>			<b>POSTCODE:</b>			
<b>MOTHER'S NAME:</b>			<b>FATHERS NAME:</b>			
<b>HOME PHONE:</b>			<b>CLUB REGISTERED:</b>			
<b>PARENT MOBILE:</b>			<b>Current email:</b>			
<b>PLAYER MOBILE:</b>			<b>AGE GROUP</b>			

### RELEASE STATEMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Loddon Mallee Lightning FC and its affiliated organisations (eg: FFV). Recognising the possibility of physical injury associated with football and in consideration for Loddon Mallee Lightning FC accepting the registrant for its programs and activities I hereby release, discharge and/or otherwise indemnify Loddon Mallee Lightning FC, its affiliated organisations, their officers and associated personnel, including the owners of the fields and facilities utilised for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorise. By participating in the Loddon Mallee Lightning FC programs I also consent to the Loddon Mallee Lightning FC using photographic images in subsequent promotional material.

Parents/Guardian signature for release

Date



## **CODE OF CONDUCT "For the good of the game"**

### **PLAYERS CODE OF CONDUCT**

**This code of conduct shall apply to all players. Any breach thereof shall be subject to disciplinary action by the Loddon Mallee Lightning FC and may result in expulsion from the club.**

1. I fully agree to play under the jurisdiction of the Football Federation Victoria (FFV) as a registered player of Loddon Mallee Lightning FC
2. I will not engage in the use of crude, foul or abusive language that may be deemed offensive or engage in any conduct detrimental to the image of the game or the Loddon Mallee Lightning FC when on or off the field.
3. I will refrain from arguing with the referee and/or assistant referees regarding decisions they make.
4. I will treat participants, officials and spectators with respect.
5. I will play by the laws of the game.
6. I will cooperate with my coach, team mates, referees and officials.
7. I will not use any banned substance or drugs of dependence throughout my involvement with the Loddon Mallee Lightning FC I will display good sportsmanship at all times.

**I have read the above Players Code of Conduct and agree to comply with its directions.**

**NAME** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

### **PARENTS CODE OF CONDUCT**

**This code of conduct shall apply to parents and guardians. Any breach thereof shall be subject to disciplinary action by the Loddon Mallee Lightning FC which may result in expulsion of child and/or you from the club.**

1. Remember that children play sport for their enjoyment, not yours,
2. Encourage children to participate, do not force them.
3. Focus on the child's efforts and performance rather than winning or losing.
4. Encourage children to always participate according to the rules.
5. Never ridicule or yell at a child for making a mistake or losing a game.
6. Remember that children learn best by example. Applaud good play by all teams.
7. Support all efforts to remove verbal and physical abuse from sporting activities.
8. Respect officials' decisions and teach children to do likewise.
9. Show appreciation of coaches, officials and administrators. Without them your child could not participate.
10. Respect the facilities that being used.

**I/We have read the above Parents Code of Conduct and agree to abide by same.**

**FATHER/GUARDIAN** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**MOTHER/GUARDIAN** \_\_\_\_\_ **SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_



## Confidential Medical Information.

This information is intended to assist the coaching staff / Ambulance staff in case of any medical emergency that may arise. All information will be held in confidence.

Name ..... Date of Birth.....  
Parent/Guardians Full name.....  
Address.....  
..... Post Code.....  
Home Phone..... Mobile .....

Name and Address of Family Doctor.....  
.....  
Medicare No.....  
Private Health Care Details (if applicable).....  
Health Care Card No.....  
Ambulance Cover No Yes Number.....

### PLEASE NOTE THAT AMBULANCE COVER IS STRONGLY RECOMMENDED

In the event that your child/ren may require an ambulance and you are not present to authorise one please be aware that an ambulance will be called regardless of you having cover or not. We strongly advise that **ALL** players have ambulance cover as the additional expense will be the responsibility of the parent/guardian of the player.

Does your child suffer from any of the following;

Fits of any type..... Heart Conditions.....Asthma.....  
Diabetes..... Blackouts..... Migraines.....  
Other.....

**PLEASE ENSURE ASTHMA MEDICATION IS AT TRAINING AND GAMES AND THE TEAM MANAGER IS AWARE WHERE IT IS.**

Allergies to;  
Penicillin.....Other drugs.....  
Other.....  
What Special care is recommended.....

Is your child on any form of ongoing medication, if so please state.....

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## CONSENT TO MEDICAL ATTENTION

Where the Coach / Team Manager or Club Management is unable to contact me, or it is impracticable to contact me. I hereby give permission to the Coach / Team manager or Club management to seek treatment for my child at a hospital, or to call a Doctor and / or ambulance and / or dentist during an emergency and agree to pay all relevant costs involved.

Signature of Parent /Guardian.....

Date.....