

playtime to big time

NAB AFL Auskick > Junior > Youth > Senior > AFL Superstar

COMMUNITY PROGRAM NAME: 2012 Coffs Harbour 11 – 15 yr old January Combine

PARTICIPANT INFORMATION (Please use block letters)

First Name: _____ Surname: _____

Date of Birth: _____ Gender: _____

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Family Email: _____

Phone: _____ School: _____

AFL Club Supported: _____ AFL Club Member? (please tick) Yes ☐ No ☐

☐ I'd like to receive information and promotions from the AFL, the Club I support and/or my local junior club/s

MEDICAL

Does your child suffer from any illness or disability/allergy to medication? (please tick) Yes ☐ No ☐

If yes please provide details: _____

Emergency Contact Name: _____ Phone: _____

In an emergency do you authorize the program coordinator to arrange for any necessary treatment where prior notification has not been possible: (please tick) Yes ☐ No ☐

PARENT/GUARDIAN SIGNATURE

I, _____ hereby consent to my child participating in the AFL program.

Signed: _____ Date: _____

Did your son/daughter enjoy AFL?

Visit playafl.com.au for local junior club locations or contact **AFLNSW/ACT Northern NSW**

Phone: 6658 4823

