



# Olinda Ferny Creek Football Netball Club Registration Form

## **PLAYER INFORMATION**

Football ☐Netball ☐

VNA number (Netball Only).....

|            |             |          |          |               |
|------------|-------------|----------|----------|---------------|
| First Name | Middle Name | Surname  | Gender   | Date of Birth |
| <br><br>   | <br><br>    | <br><br> | <br><br> | <br><br>      |

## **CONTACT DETAILS**

|                 |              |               |           |
|-----------------|--------------|---------------|-----------|
| House no.       | Street name: | Suburb:       | Postcode: |
| <br><br>        | <br><br>     | <br><br>      | <br><br>  |
| Postal Address: |              |               |           |
| <br><br>        |              |               |           |
| Mobile No:      |              | Email Address |           |
| <br><br>        |              | <br><br>      |           |

## **EMERGENCY / PARENT / GUARDIAN INFORMATION – ALL PLAYERS**

|                                 |               |               |
|---------------------------------|---------------|---------------|
| Emergency/Parent/Guardian Name: | Address:      |               |
| Relationship:                   | Mobile Number | Email Address |
| <br><br>                        | <br><br>      | <br><br>      |

## **CONCESSION TYPE (If Applicable)**

Concession Type: ☐ Health Care Card ☐ Pension ☐ Apprentice ☐ Student

## **Payment must be made prior to Round 1**

By signing this registration form I agree to abide by all policies including the Drug, Alcohol, and Communication policies and Codes of Behaviour of the Olinda Ferny Creek Football Netball Club.

|                  |              |  |              |
|------------------|--------------|--|--------------|
| Player Signature | <br><br><br> | Parent / Guardian Signature – (U18 Only) | <br><br><br> |
|------------------|--------------|--|--------------|

Date: .....

|                       |   |   |
|-----------------------|---|---|
| Your Payment Details: | Cheque Payable to OFCFNC \$   | EFTPOS available on Thursday Training nights. |
|                       | Direct Credit to <b>BENDIGO COMMUNITY BANK OLINDA BSB 633-000 Acc No 139666309</b>  |   |
|                       | <b>PLEASE ATTACH COPY OF RECEIPT SHOWING DATE TRANSACTION, AMOUNT PAID, and REFERENCE QUOTED (Please include initial and surname)</b> |   |