

Hoppers Crossing Football Club Inc

Application for Membership 2015

Family Mbrship \$230 (\$50 each extra) (ENTER TOTAL AMT DUE)

WRFL Fee \$10

Oldest to Youngest

| | Rego 1 (Oldest) | Rego 2 | Rego 3 | Rego 4 |
|-----------------|-----------------|--------|--------|--------|
| Surname | | | | |
| Given Name | | | | |
| Date of Birth | | | | |
| Team/ Age Group | | | | |
| | | | | |

Parent / Guardian

Address

Suburb

Post Code

Home Phone

Mobile Phone

Email Address

In Case of Emergency, please contact the following people

Name (1)

Relationship

Mobile No

Home Phone No

Name (2)

Relationship

Mobile No

Home Phone No

Do you consent to having yours/ your childs photograph taken and displayed on the HCFC Website and/or other advertising material

YES

OR

NO

Not answering signifies you DO consent

Would your business/ place of employment be interested in a Sponsorship package
If so please include the Business Name, Contact Name and Contact Phone Number

Do you consent to HCFC to sharing your contact details with our sponsors?

YES

OR

NO

Not answering signifies you DO consent

I wish to apply for membership of the HCFC Inc. I agree to be bound by the rules and allow current sponsors access to our data base for their promotional purposes (unless otherwise indicated above). In the event of injury I hereby authorise the officials of HCFC Inc to seek medical assistance as deemed appropriate. I also agree to and will abide to the HCFC Code of Conduct.

Parent Signature

Date

Parent Name

Player Signature

Date

Player Name

Office Use Only

New Registration

/

Re-Registration

Team

Medical Report Y / N ** Copy of BC Y / N/ NA ** WRFL Form Y / N / NA

Clearance Required Y / N Details:

Date

Payment Made

\$

Rec No

Date

Payment Made

\$

Rec No

Date

Payment Made

\$

Rec No

PAPERWORK COMPLETE

PYT COMPLETE

