



Calamvale Leopards Junior Australian Football Club Inc.

PO Box 361 BROWNS PLAINS B.C 4118

ABN: 62 097 065320

MEMBERSHIP APPLICATION

	Player 1	Player 2	Player 3
AFLBJ Rego Number	(Blank If New)	(Blank If New)	(Blank If New)
First Name			
Surname		<input type="checkbox"/> Tick If Same	<input type="checkbox"/> Tick If Same
Address	Street		
	Suburb		Postcode
Home Phone		<input type="checkbox"/> Tick If Same	<input type="checkbox"/> Tick If Same
Email Address			
Date of Birth			
Proof of Age Sighted	(IF NEW REGISTRATION)	(IF NEW REGISTRATION)	(IF NEW REGISTRATION)
Eligible Age Group			
Player Request: (age group/team etc)			
Previous Club (if appl.)		<input type="checkbox"/> Tick If Same	<input type="checkbox"/> Tick If Same
# of Games Played	(if played at another club previously)		

I/We hereby agree:

- And give permission for photographs of the above player to be taken and used by Calamvale Leopards JAFC, AFLBJ & AFLQ
- To be Registered/Listed as (a) full member(s) of the Leopards Junior Australian Football Club Inc. and to abide by its constitution, rules, regulations and code of conduct, including payment of fees by the due date.
- To authorize duly appointed officials of the club to obtain whatever medical attention may be required in the event of illness or injury to the player. In the event that treatment by a qualified medical practitioner is required, I/we will meet the cost of such treatment.
- To pay membership fees in full by the due date or dates.

Parental Consent

I/We have read, understood and agree to abide by the conditions above. I/We sign below to indicate acceptance.

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Surname	<input type="checkbox"/> Tick If Same as Player 1	<input type="checkbox"/> Tick If Same as Player 1
First Name		
Algerster Sports Card #	(Office Use Only)	(Office Use Only)
Address	Street	
	<input type="checkbox"/> Tick If Same as Player 1	
	Suburb	Postcode
Home Phone	<input type="checkbox"/> Tick If Same as Player 1	<input type="checkbox"/> Tick If Same as Player 1
Mobile Phone		
★ Pref. Email address for Correspondence		
Relationship to Player/s	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
Signed		

BELOW OFFICE USE ONLY -

PART PAYMENT:	Date: Amount: Receipt#:	PAYMENT IN FULL:		
		Cash	Date:	
	Date: Amount: Receipt#:	Cheque	Receipt #:	
	Date: Amount: Receipt#:	Credit / EFT	Struddys Vch#:	