

Registration Form**Season 2010****Registration Instructions**

Please complete the shaded areas and remember to sign the terms and conditions of registration. (If the applicant is over 12 then they must also sign. If the applicant is new to U9s –U15/16s, then please enclose a copy of their birth certificate). Next, return the form to: **St Ives Junior AFL Club, PO Box 248, ST IVES NSW 2075** or in person at the **Registration Days at the St Ives Shopping Centre on the 6th & 7th February**.

Payment: Internet Banking **BSB No 082445 ACC No 799393254 and Reference: << Surname >>**, Cheque to the “St Ives Junior AFL Club”, Credit Card via PayPal to registrar@stivesafl.com, or in person with Cash. (For internet banking, please quote the Reference for eldest player if you have 2 or more players re-registering.)

Club shorts and socks are available at Sport First at the St Ives Shopping Village (204 Mona Vale Road, Ph: 9449-4840, stives@sportfirst.com.au). All training times and pre-season activities, including the Swans Visit, are on www.stivesafl.com.

Registering For:	<input type="checkbox"/> AK	<input type="checkbox"/> U9	<input type="checkbox"/> U10	<input type="checkbox"/> U11	<input type="checkbox"/> U12	<input type="checkbox"/> U13	<input type="checkbox"/> U14	<input type="checkbox"/> U15/16
Born In:	2002 - 2005	2001	2000	1999	1998	1997	1996	1994 - 1995
Rego Fees:	\$130	\$170	\$170	\$170	\$170	\$180	\$180	\$180

Discounts: Existing members re-registering by 15-Feb are eligible for an early bird discount of \$20 per player. Families with 2+ new players are eligible for a \$30 discount for every new sibling after 1st child.

Club: St Ives Junior AFL Club

Personal Details

First Name:		Preferred Name:	
Family Name:		Birth Certificate:	Copy Required for New Players
Date of Birth:		Registration No:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Contact Details

Address:	
Suburb:	
State:	Post Code:
Phone (H):	(Please specify work/mobile numbers under the Guardian Information on page 2)
Email 1:	

Parent/Guardian

	Parent/Guardian 1		Parent/Guardian 2/Emergency Contact
First Name:		First Name:	
Surname:		Surname:	
Phone (M):		Phone (M):	
Email 2:		Email 3:	

FinancialAmount Paid: **Registration Fee: \$** _____ (Less Early Bird Discount \$20 or New Family Sibling Discount \$30)**Medical**

Any Conditions: _____

Area of Assistance

Coaching Managing First Aid Newsletter
 Canteen Umpiring Administration Short Projects

Other Details

School Name: _____

How Did Hear About Us?

Roadside Banner School Bulletin AFL Website/Flyer St Ives Website
 North Shore Times Radio/Television Player*: _____ Other: _____

* Name of the friend who referred you to the Club

Mailing List: I am happy to receive information from the AFL **Yes** **No** **Applicant**

- I agree to abide by the 'Competition Rules and Bylaws' of AFL Greater Sydney Juniors Incorporated.
- I will observe and obey these rules and bylaws and be bound by all rulings made by or with the authority of the Association that relate or apply to me.
- I declare that the information supplied by me is true and correct.

Parent Guardian

- I/We hereby consent to this registration to participate in Auskick or play AFL.
- I/We acknowledge that I/we have been provided with, and understand, the 'Code of Conduct' of AFL Greater Sydney Juniors Incorporated'.
- I/We hereby agree to abide by the code; and observe and obey this code and all rulings made by the Association that relate to me/us, other family members and invited guests.
- I/We agree that images of my/our child may appear on the AFL Greater Sydney Juniors website, however such images may not be identified by name.
- I/We understand that the Association may withdraw or suspend my child's registration to participate in Auskick or play AFL should I/we fail to comply with the code and/or rulings of the Association should I/we breach the code.
- I/We agree that should any injury occur, the Auskick Centre or club will, at all times, endeavour to notify me/us but, should an emergency exist, I/we grant the centre or club (or an official) the authority to seek an ambulance and/or medical attention.

_____
Signature of Applicant (Over 12)_____
Signature of Parent/Guardian_____/_____/_____
Date Form Was Completed**Office Use**

Payment Amt:	\$ _____	Payment Date:	___/___/___	Receipt No:	_____
Birth Certificate:	[] Sighted / [] Not Sighted		(Please send a copy of Birth Certificate for U9 & New Players.)		
Name of Official:	(A club official has sighted evidence of date of birth)				