



Southern Tasmanian Junior Football League Inc.
 PO BOX 714
 GLENORCHY 7010
 Executive Officer Tony Gibson
 m: 0417391870 stjfl_umpires@hotmail.com



PLAYER REGISTRATION FORM **Date...../...../.....**

CLUB:	TEAM: U/
If you have been previously registered with another club please complete a request for clearance form,	

Player Details:

First Name:	Middle Name:
Family Name:	
Date Birth: / /	Gender M / F
Address:	
Suburb:	Postcode:
Home Phone:	Mobile Phone:
Email:	

Priority Emergency Contact:

First Name:	Family Name:
Phone:	Mobile Phone:

Parent / Guardian 1

First Name:	Family Name
Phone:	Mobile Phone:
Email:	

Parent / Guardian 2

First Name:	Family Name
Phone:	Mobile Phone:
Email:	

Date Birth Verification

Health Care number:	Birth Certificate number:
---------------------	---------------------------

Medical Conditions / Allergies Private Health: Y / N fund name :

Notes:

Other details:

School: name;	Grade:
AFL Team supported	Member Y / N

Signatures on this form are binding for the duration of STJFL competition, unless this form is cancelled by the secretary of the club or league. This form must be lodged with the Executive Officer of the League 21 days from completion or no later than 9.00pm on the day prior to the first match in which the applicant proposes to play. In the event of this not being complied with, a player may sign for another club and the original form shall be deemed not binding.

Player rules and regulations of the STJFL contain restrictions on the freedom of players to transfer from one club to another. The player accepts those restraints as reasonable for the purpose of promoting the game of Australian Football.

I agree that the details provided are true and correct and allow this child to participate according to the rules and regulations of the League.

Parent / Guardian Consent.

Date: / / ;

(name) _____

Signature _____

Office Use: Payment Received Yes / No Amount: \$..... Date: /...../..... Jumper size No:.....

Member ID: _____

Footy web updated