



MONTMORENCY
 JUNIOR FOOTBALL CLUB INC.
 PO Box 75, Lower Plenty 3093
 www.montyjfc.com
 Email : membership@montyjfc.com
 President: **Mark Cleary**

APPLICATION FOR MEMBERSHIP

MEMBER INFORMATION

SURNAME

CHRISTIAN NAME

ADDRESS

.....**P.C.**

PHONE **DATE OF BIRTH**

FAMILY INFORMATION

MOTHER

SURNAME

CHRISTIAN NAME

ADDRESS

..... **P.C.**

HOME PHONE NO. **MOBILE**

BUSINESS PHONE NO.

FATHER

SURNAME

CHRISTIAN NAME

ADDRESS

.....**P.C.**

HOME PHONE NO.**MOBILE**

BUSINESS PHONE NO.

MEDICAL / HEALTH INFORMATION

**ANY MEDICAL CONDITION OF WHICH THE MJFC SHOULD BE
AWARE OF.....**

DOES YOUR CHILD SUFFER FROM:

ALLERGIES (PLEASE SPECIFY).....

EPILEPSY..... ASTHMA

DIABETES OTHER

IF YES, TREATMENT

MEDICAL AUTHORIZATION

**I HEREBY AUTHORISE THE COACH, TEAM MANAGER OR
COMMITTEE MEMBER TO CALL AN AMBULANCE FOR MY
CHILD SHOULD THE NECESSITY ARISE.**

SIGNED DATE

PLEASE PRINT FULL NAME

RELATIONSHIP TO MEMBER

**NEWSLETTERS AND OTHER INFORMATION WILL THIS
SEASON BE SENT ELECTRONICALLY. CAN YOU PLEASE
NOMINATE YOUR PREFERRED EMAIL ADDRESS / S**

EMAIL

EMAIL