

**MONTMORENCY JUNIOR FOOTBALL  
CLUB INC.  
APPLICATION FOR MEMBERSHIP  
2010**



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MONTMORENCY JUNIOR FOOTBALL CLUB  
P.O Box 75, LOWER PLENTY. 3093  
President-Mark Cleary  
[www.montyjfc.com](http://www.montyjfc.com)  
[Email.membership@montyjfc.com](mailto:Email.membership@montyjfc.com)

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**PLEASE TICK IN EITHER BOX BELOW**

RETURNING PLAYER

NEW PLAYER



BIRTH CERT SUPPLIED

HAS NEW PLAYER PLAYED AT ANOTHER CLUB -PLEASE CIRCLE YES OR NO

IF YES, TRANSFER FORM NEEDED

FORM SUPPLIED

YES OR NO

**MEMBERSHIP PAYMENT-**

SINGLE-1 CHILD-\$85

FAMILY-2 CHILDREN -\$150

CASH

CHEQUE

AMOUNT PAID-\$..... REC NO.....

NOTES-Players are not eligible for team selection until all registration fees are paid.

Cheques to be made payable to Montmorency Junior Football Club

**NEWSLETTERS & INFORMATION SHARING**

ALL CORRESPONDANCE INCLUDING WEEKLY NEWSLETTERS AND ANY OTHER IMPORTANT INFORMATION FROM THE JUNIOR FOOTBALL CLUB COMMITTEE WILL BE DONE VIA EMAIL.

PLEASE MAKE SURE YOU SUPPLY AN APPROPRIATE EMAIL ADDRESS AND CHECK IT REGULARY.

COACHES & TEAM MANAGERS MAY ALSO SUPPLY TEAM INFORMATION VIA EMAIL.

EMAIL 1-.....

EMAIL 2-.....

**PLAYER DETAILS**

SURNAME.....

FIRST NAME.....

ADDRESS.....

P/CODE..... HOME PHONE.....

DATE OF BIRTH.....

PLAYER EMAIL.....

SCHOOL ATTENDING.....

OTHER SIBLINGS AT THE CLUB -

NAME..... TEAM-UNDER.....

**FAMILY DETAILS**

**MOTHER**

SURNAME..... FIRST NAME.....

ADDRESS..... P/CODE.....

PHONE- MOBILE..... HOME.....

WORK.....

EMAIL.....

**FATHER**

SURNAME..... FIRST NAME.....

ADDRESS..... P/CODE.....

PHONE-MOBILE..... HOME.....

WORK.....

EMAIL.....

**MEDICAL/HEALTH INFORMATION FORM**

**DOES YOUR CHILD SUFFER FROM:**

**ALLERGIES-Please specify.....**

**EPILEPSY     ASTHMA**

**DIABETES     HEART PROBS**

**IF YES, TREATMENT REQUIRED.....**

**ANY FURTHER MEDICAL INFORMATION THAT MJFC SHOULD BE AWARE OF .....**

**THE INFORMATION I HAVE SUPPLIED IS CORRECT.**

**SIGNED BY PARENT.....**

**MEDICAL AUTHORIZATION**

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

**SIGNED.....DATE.....**

**PRINT FULL NAME.....**

**RELATIONSHIP TO MEMBER.....**

