



**Postal Address:** P.O. Box 481, Diamond Creek, Vic. 3089  
**Phone:** (03) 9438 1877  
**Mobile:** 0402 520 888  
**Email:** [register@docfootball.com](mailto:register@docfootball.com)  
**Website:** [www.docfootball.com](http://www.docfootball.com)

# REGISTRATION FORM FOR 2009 LEAGUES

## Section 1 – Player Details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone (h): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth:   /   /   Proof of age sighted:  YES  NO Sex:  M /  F

## Section 2 – Parents/Guardian Details (Juniors only)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Phone (H) : \_\_\_\_\_ Work: \_\_\_\_\_ Phone (H) : \_\_\_\_\_ Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 3 - Medical Information

Emergency Contact(s): \_\_\_\_\_

### Please tick if your child suffers from any of the following:-

Dizzy Spells:  Y/N Blackouts:  Y/N Heart Condition:  Y/N Fits of any kind:  Y/N Asthma:  Y/N  
 Allergies to: Penicillin (other drugs) or types of food (please specify) \_\_\_\_\_

### PLEASE NOTE THAT WE NOW HAVE AN INSTALLMENT PLAN AVAILABLE

**Methods of Payment:** Cash/Cheque (cheques made payable to: DOC United Football Club Pty. Ltd)

### PLEASE READ AND SIGN:

### Section 4 - Office Use Only

I consent to \_\_\_\_\_ (named on this form) playing football with DOC United. I accept that DOC United nor any coaches/managers will be liable for any injury sustained participating in club activities. I authorise DOC United to seek medical assistance or treatment for my child in the event of injury and agree to pay any fees or expenses incurred. I agree that DOC United is not responsible for any supervision or custody of my child outside the period during which he/she is participating in a game or training session.

Consent for photos/videos taken to be used for publicity purposes  YES  NO

Registration Fees (GST inclusive)					
Player Category	Fee	Amount	Cash/ Cheque	Amount outstanding	Receipt No:
Juniors U/	\$	\$		\$	Registration No:
Women's		\$			
Veteran's men		\$			
Over 45's		\$			

..... Date

..... Signed (parent/guardian)