



amityfc

ACADEMY REGISTRATION FORM

PLAYER DETAILS

Family name _____ Given name(s) _____
 Date of birth ____ / ____ / ____ E-mail Address _____
 Address _____
 _____ Post code _____

PARENTS / GUARDIAN DETAILS

Father / Guardian

Title _____ Given name(s) _____
 Family name _____
 Relationship to child _____
 Address _____
 _____ Post code _____
 Mobile phone _____
 Home phone _____
 Work phone _____
 E-mail address _____

Mother / Guardian

Title _____ Given name(s) _____
 Family name _____
 Relationship to child _____
 Address _____
 _____ Post code _____
 Mobile phone _____
 Home phone _____
 Work phone _____
 E-mail address _____

MEDICAL INFORMATION

Medicare card number _____

Does the player have private health fund cover? Yes No _____
(if yes please provide cover number)

Is the student covered by ambulance cover? Yes No _____
(if yes please provide cover number)

Name of family doctor _____ Phone _____

Clinic address _____

Allergies:
(please specify any allergies suffered by the player)

Medical problems:
(please specify medical problems the school should be aware of including any daily medication necessary for the student)

MAIN CONTACT

Please nominate parent/guardian who may be contacted by the football club when required.

Parent's/Guardian's name _____

DECLARATION

I certify that the above information given herein by me is correct.

Father's/Guardian's signature _____

Date: ____ / ____ / ____

Mother's/Guardian's signature _____

Date: ____ / ____ / ____