

AFL Queensland 2010 PLAYER REGISTRATION FORM

(Please PRINT clearly)

ALL SECTIONS OF THIS REGISTRATION FORM MUST BE COMPLETED LEGIBLY BEFORE REGISTRATION WILL BE ACCEPTED

SECTION 1: PLAYER INFORMATION

Given Name(s):										Surname:									
Date of Birth					/		/		Current Age:					Sex: <input type="checkbox"/> M <input type="checkbox"/> F					
Players under 18 years of age at the time on registration must have this registration form signed by legal parent / guardian (see reverse PARENT / GUARDIAN CONSENT)																			
Street / postal address:										Suburb:					PC:				
Home Ph:					Mobile Phone:					Work Phone:									
Email Address:																			

SECTION 2: REGISTRATION INFORMATION

Please indicate which competition(s) of football you wish to register with at the nominated football club.

CLUB YOU ARE REGISTERING WITH:

- State League SNR / RES
 State Association SNR / RES
 Under 18's
Must be under 18 at 30 June (of the previous season)
 Women's
Must be 14 or over at 1 January

SECTION 3: INSURANCE INFORMATION

PLEASE TICK AND READ THE RELEVANT INSURANCE INFORMATION FOR THE COMPETITION(S) NOMINATED ABOVE.

AFL Queensland recommends players take out private health insurance to augment this insurance cover.

State League Division 1 - INDEMNITY CLAUSE (IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS CLAUSE)

I understand that I am covered by Insurance for "DEATH AND DISABILITY" (MAXIMUM \$200000) and for 90% of all NON MEDICARE medical bills to a maximum of \$7500 (\$50 excess) plus "Loss of Wages" cover to a maximum of \$400 PW (14 day excess) under the Clubs bulk policy. It is my responsibility to discuss with my Club any additional insurance I may require. **I INDEMNIFY AFL QUEENSLAND FROM ANY CLAIMS NOT COVERED BY THE ABOVE. By signing this registration form a player agrees to be bound by all these provisions and by any other that come into force during the players period of registration with the League.**

State League Division 2 / State Association / All Country Leagues / Women's - INDEMNITY CLAUSE (IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS CLAUSE)

I understand that I am covered by Insurance for "DEATH AND DISABILITY" (MAXIMUM \$200000) and for 90% of all NON MEDICARE medical bills to a maximum of \$7500 (\$100 EXCESS APPLIES) under the Clubs bulk policy and that this policy DOES NOT include "Loss of Wages" Insurance. It is my responsibility to discuss with my Club any additional insurance I may require. **I INDEMNIFY AFL QUEENSLAND FROM ANY CLAIMS NOT COVERED BY THE ABOVE. By signing this registration form a player agrees to be bound by all these provisions and by any other that come into force during the players period of registration with the League.**

Under 18 - INDEMNITY CLAUSE (IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS CLAUSE)

I understand that I am covered by Insurance for "DEATH AND DISABILITY" (MAXIMUM \$200000) and for 90% of all NON MEDICARE medical bill to a maximum of \$7500 (\$50 EXCESS APPLIES) under the Clubs bulk policy and that it is my responsibility to discuss with my Club any additional insurance I may require. **I INDEMNIFY AFL QUEENSLAND FROM ANY CLAIMS NOT COVERED BY THE ABOVE. By signing this registration form a player agrees to be bound by all these provisions and by any other that come into force during the players period of registration with the League.**

Women's League Registrations

PREGNANCY - Should the participant be pregnant at the time of registration or become pregnant during the season then the participant should, before making the decision about whether to continue to participate in sport obtain expert medical advice and obtain a clear understanding of the risks, particularly in regard to AFL.

I HEREBY APPLY for registration with AFL Queensland Ltd. (Herein called "The League") as a player of the nominated club indicated above and declare that the information set out in this form is true, complete and accurate in every respect. I hereby acknowledge that I have read the conditions of registration printed on the back of this form and I agree that I am bound by those conditions. **I HAVE READ AND UNDERSTAND THE ABOVE INSURANCE INFORMATION FOR THE COMPETITIONS THAT I WISH TO REGISTER FOR.** (please read **CONDITIONS OF REGISTRATION** on reverse before signing)

SIGNED: **X**

date: / /

SECTION 4: PLAYER HISTORY (PLEASE COMPLETE)Have you previously registered with an AFL Queensland club: Yes No If YES, which club:

I am / am not a suspended player (please indicate); and I have been previously registered with (state last two clubs and seasons):

CLUB: LEAGUE: Age Group: Season(s):

CLUB: LEAGUE: Age Group: Season(s):

SECTION 5: CONDITIONS OF REGISTRATION

1. By signing this Registration form, I hereby:
 - (a) Agree that I am bound by the rules, by-laws and policies of the Club, The League and AFL Queensland Limited as amended from time to time ("the Rules");
 - (b) Acknowledge that the rules restrict my freedom to transfer from one Club to another but that such Rules are necessary and reasonable for the purpose of achieving an even and well matched competition, ensuring that the competition is properly organised and well administered, encouraging Clubs to support junior development of players to support the future of the competition and protecting and promoting the game of Australian Football;
 - (c) Agree that I will not play Australian football in any other competition or match or series of matches organised or controlled or conducted by another Club, Association or Body during the period of this Registration; and
 - (d) Acknowledge that my failure to adhere to the rules may result in suspension and / or de-registration.
 - (e) Upon signing this form, I hereby give AFL / AFL Queensland and its affiliated Leagues permission to use photographs and/or images of my participation in the above mentioned competition for any promotional, media or marketing purpose of AFL Queensland and the so-mentioned Leagues.
 - (f) AFL Queensland may, at its discretion, provide the information contained herein to third parties.

SECTION 6: PARENT / GUARDIAN CONSENT

(TO BE COMPLETED BY PARENT / GUARDIAN IF PLAYER REGISTERING IS UNDER 18 AT TIME OF REGISTRATION)

NAME of parent / guardian:

By signing this form I indicate that I understand and agree to the rules and conditions that AFL Queensland have in place during the time that my son / daughter is playing football with the nominated football club.

Parent / Guardian signature: X

dated: / /

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you registered with a junior club? Yes No If YES, which club: _____
2. Have you ever participated in an AFL Auskick program? Yes No If YES, where: _____
3. Are you currently enrolled in school? Yes No If YES, which school: _____
4. Do you play AFL Football at school? Yes No
5. Which AFL Club do you support? _____
6. Would you like regular information sent to you by the AFL club you support? ? Yes No
7. Would you like a regular e-newsletter from AFL Queensland? Yes No

TO BE COMPLETED BY THE CLUB SECRETARY / PRESIDENT / CDM / FOOTBALL MANAGER (please circle)**THE ABOVE APPLICATION IS APPROVED BY THE NOMINATED CLUB.**_____
(PRINT NAME)_____
SIGNATURE_____
date