



Eastern Football League Registration and Transfer Form



1. All players are required to fill out and sign the registration and transfer form.
2. If the player is under 18 years of age, a birth certificate or student identification number is required. Parents must be provided with a copy of the EFL Codes of Conduct and then complete the Parents Section.
3. The club is required to keep this signed paper form and a copy of the birth certificate or student identification (if applicable). This form must be produced within 24 hours if requested by the league.
4. NO PLAYER WILL BE REGISTERED UNTIL THIS FORM HAS BEEN SIGNED & RETURNED **WITH PAYMENT** TO THE SECRETARY.

Application to have a permit issued to play with LILYDALE JUNIOR FOOTBALL CLUB in the Eastern Football League.

SECTION 1 – PLAYER DETAILS

FIRST NAME: SURNAME:

DOB: / / GENDER : Male Female PLAYER MOBILE:

Played competition football before? No Yes for another Club Yes for LJFC Team in 2015 Under

PARENT NAME:

ADDRESS:

SUBURB: POSTCODE:

PHONE: Home Mobile:

EMAIL:

AUSKICK CENTRE ATTENDED:

SECTION 2

DETAILS OF THE LAST THREE (3) CLUBS PLAYED WITH ONLY REQUIRED IF PLAYER DID NOT PLAY FOR LILYDALE IN 2014

The Last Club Played with is the club from whom the transfer is being sought:

Last Club Played With: _____

League / Association: _____

Date Registered: _____

Date Last Played: _____

2nd Last Club Played With: _____

League / Association: _____

Date Registered: _____

Date Last Played: _____

3rd Last Club Played With: _____

League / Association: _____

Date Registered: _____

Date Last Played: _____

PLAYERS SECTION – THIS MUST BE COMPLETED BY ALL PLAYERS

Signature of Player: _____

Date: _____

I agree to abide by the Rules and By-Laws of the Eastern Football League. I will observe and obey these Rules and By-Laws and be bound by all rulings made by or with the authority of the League that relate or apply to me. I declare that the information supplied by me is true and correct. I authorise the Eastern Football League to advise my former League(s) of this application, via electronic summary if required, and to obtain details of my tribunal history if the league so chooses.

PARENTS SECTION (MUST be completed if player is Under 18)

Signature of Parent: _____

Name of Parent: (Print) _____

Date: _____

I hereby consent to the registration of my son/daughter with the Eastern Football League. I acknowledge that I have been provided with and understand the Codes of Conduct of the Eastern Football League. I hereby agree to abide by the Codes of Conduct and agree to observe and obey these Codes and all rulings made by the league that relate to me. I understand that the league may withdraw or suspend my son(s)/daughter(s) registration to play in the Eastern Football League should I fail to comply with the Codes and/or any rulings of the league should I breach said Codes

OFFICIALS SECTION

Signature of Official: _____

Name of Official: (Print) _____

Date: _____

In submitting this form, I declare that the information supplied is in accordance with the copy retained on file by the club. All relevant information and documentation is available upon request of the league.

Has the player ever been disqualified by any League or Club? Yes No

Is the player currently under disqualification by any League or Club? Yes No If yes, do not submit transfer application

Does the player have a current contract? Yes No If yes, do not submit transfer application

Is the player in possession of club property? Yes No If yes, do not submit transfer application

Does the player owe money to previous club? Yes No If yes, do not submit transfer application



Eastern Football League - Codes of Conduct -

EXPECTATIONS OF PARENTS/GUARDIANS AND SPECTATORS:

- Remember that children play football for fun - they are not playing for your entertainment, nor are they miniature professionals.
- Encourage players to participate, do not force them.
- Focus on the players efforts - never ridicule or yell at a player for making a mistake or losing the game.
- Remember that players learn best from example. Applaud good play by both teams.
- Encourage players to always participate according to the rules and respect official's decisions.
- Recognise the value and importance of volunteer coaches and officials.
- An umpire's job is a difficult one – put yourself in their position – how would you like to be treated?
- If you disagree with an official, raise the issue through the appropriate channels rather than questioning the official's judgement and honesty in public.
- Demonstrate appropriate social behaviour by not harassing or using foul language to umpires, players, coaches, or other spectators.
- Condemn the use of violence in any form, be it by spectators, coaches, officials or players.
- Respect the rights and dignity of every player regardless of their gender, ability, cultural background or religion.
- Discuss the Codes of Conduct with your son/daughter so that you are both are aware of your obligations.
- Actively promote the Codes of Conduct at all times.

Please Note:

Your failure to adhere to the codes of conduct may result in the withdrawal or suspension of your son/daughter's registration to play in the Eastern Football League.

EXPECTATIONS OF PLAYERS:

- Always play by the rules.
- Control your temper - treat others as you would like to be treated – bullying will not be tolerated.
- Verbal abuse to umpires, officials or other players is not acceptable.
- Never argue with an umpire or official. If you disagree, discuss the matter with your coach.
- Co-operate, support and encourage your teammates. Your team's performance will benefit, so will you.
- Respect the rights and dignity of all players regardless of their gender, ability, cultural background or religion.
- Play for the "fun of it" – it's just a game!

I apply to register my child with the Lilydale Football Club Juniors Inc ("the Club"). I understand that players will play football at their own risk. The Club denies any responsibility or liability for any injuries received whilst playing football, training, travelling to and from away matches / club activities or loss or damage to property items. The Club strongly recommends that players are to be covered by a private health insurance or medical benefit. I consent to the administration of first aid to my child and I authorise the coach, trainer, team manager or a club official to consent to emergency medical treatment in the event that a parent or guardian cannot be contacted. I consent to my child's photo or image to be used to promote the football club. I will abide by the EFL and Club policies with regards to social media.

Parent Signature:

Date :/...../.....

Print Name:

CLUB USE ONLY

Birth Certificate : Yes No LJFC in 2014 : Yes No Clearance : N/A Applied Recd

Receipt No: Payment Type: Cash Chq EFTPOS Direct Deposit

PLAYER CONFIDENTIAL MEDICAL FORM



Your child's wellbeing when playing and training is our utmost concern. To assist our trainers and coaches, we request that this medical form be completed and returned upon registration. If the form is not returned the Club may not be able to contact you in the case of an accident or emergency, or provide appropriate first aid attention at training and/or match days.

PERSONAL DETAILS			
Player Name			
Address			
EMERGENCY CONTACT			
Name (Contact 1)		Relationship to Player	
Home Phone		Mobile	
Name (Contact 2)		Relationship to Player	
Home Phone		Mobile	
HEALTH CARE DETAILS			
Medicare Number		Private Health Insurance	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ambulance Member		Do you object to transfusions	
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
CURRENT MEDICAL ISSUES			
Current Medical Concerns		<input type="checkbox"/> Asthma <input type="checkbox"/> Hayfever <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Problems <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Other :	
Have you sustained any of the following in the last 2 years?		<input type="checkbox"/> Concussion If yes, when : 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> <input type="checkbox"/> Head / neck injury If yes, when: 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> <input type="checkbox"/> Back injury If yes, when: 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> <input type="checkbox"/> Fracture Body Part: If yes, when: 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> <input type="checkbox"/> Broken bone Body Part: If yes, when: 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> <input type="checkbox"/> Dislocation Body Part : If yes, when: 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/>	
Regular Medications			
Allergies - Please detail & required medication			
Sports Injuries - List any injury which is current or recurring			
Other – List any other information which may assist trainers			
<p>I acknowledge that if my child requires weekly preventative strapping that I must provide tape to the trainer at my own cost.</p> <p>I consent to the administration of first aid to my child and I authorise the coach, trainer or a club official to consent to emergency medical treatment in the event that a parent or guardian cannot be contacted.</p>			
Parent Name:		Parent Signature:	
		Date : / /	