



YARRA JUNIOR FOOTBALL LEAGUE

PLAYER REGISTRATION /PERMIT TO PLAY FORM

CLUB: GREYTHORN FC

(Please use BLOCK LETTERS)

GIVEN NAMES.....SURNAME.....

DATE OF BIRTH..... PHONE.....

ADDRESS:.....
..... POST CODE

I have played with the following Clubs during the last 5 Seasons :

CLUB	CONTROLLING BODY	SEASON
1.		
2.		
3.		
4.		
5.		

If applicant has not previously played Club football, but has been involved in an Auskick Program please indicate : Name of Auskick :
Last year involved :..... .

Are you at present under disqualification for misdemeanour or financial reasons ? Yes / No

.....
Player's signature Signature of Club Official Date

To be used for Under Age Players PARENT'S DECLARATION

Ibeing Parent/ Guardian of the above named player verify the date of birth stated above. I give my consent to him/her becoming a member of the above Club. I fully understand that the player is bound by Rules, Regulations and Policies of the the Club, the Yarra Junior Football League and Football Victoria and is subject to the Clearance Provisions of the Yarra Junior Football League and Football Victoria, and until a Clearance is gained from such Club he/she is ineligible to play with any other Club.

Date: Signature of Parent/ Guardian:.....

YJFL USE ONLY

Date Application received : Birth Certificate seen? Yes / No

Clearance required? Yes / No Clearance submitted to.....
Date :