

Jamberoo Junior Touch Football - Player Registration Sheet –2018

Surname	Given Names	AGE THIS YEAR

Email Address	
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SHIRT SIZE	Date of Birth	Played before?
6 8 10 12 14 16 Adult S		Yes/No ID:

PARENTS : can you manage a team ? under 12's and below yes/ no

Medicare No.	Medical Fund (If Applicable)	Fund Number

Allergies/Medical Conditions/Medications:

Family Doctor's Name & Contact:
Is permission given for a hospital or Doctor to carry out any treatment required if contact cannot be made on the numbers supplied? (Please circle) YES NO

Next of Kin	Relationship	Phone No.'s
Address		

Payment to:
 BSB: 012709
 Acc#: 200816469
 Name: Jamberoo
 Touch INc

Parent / Guardian
Date: / /

Name of one Friend you would like to play with (must be same age)
