



# Melbourne Football Club

## 2014 YOUNG DEMONS FOOTY CLINIC

### Registration Form



**Tuesday 8<sup>th</sup> July, 2014 2.00pm – 4.00pm**  
**GOSCH'S Paddock, Olympic Boulevard, Melbourne**  
**REGISTRATION CUT-OFF DATE – Tuesday 1<sup>st</sup> July, 2014**

Full name of child participating| \_\_\_\_\_ DOB| / / \_\_\_\_\_ Member #| \_\_\_\_\_

If not a member, please complete details below:

Address| \_\_\_\_\_ Suburb| \_\_\_\_\_ Postcode| \_\_\_\_\_

Phone| \_\_\_\_\_ Mobile| \_\_\_\_\_ Email| \_\_\_\_\_

I do not wish to receive any further marketing material from Melbourne Football Club

### EMERGENCY CONTACT

Name and contact details of person/s to be contacted in the case of an emergency. Please note that parents are required to stay on site during the clinic.

Full Name| \_\_\_\_\_ Relationship to child| \_\_\_\_\_

Phone (1)| \_\_\_\_\_ Phone (2)| \_\_\_\_\_

### MEDICAL INFORMATION

1. Does your child suffer from any illness or medical condition? Is he/she allergic to any drugs, antiseptic creams or anti-bacterial/infection lotions? (If yes, please detail)

2. Is there any food he/she should not eat for religious or health reasons? (Lunch will be provided. If your child has very specific dietary requirements, please provide their lunch)

3. Date of last tetanus injection | \_\_\_\_\_

4. Blood Type (if known) | \_\_\_\_\_

5. Authorised person to collect your child/children at conclusion of clinic | \_\_\_\_\_

6. Do you permit Melbourne Football Club to take your child to hospital when no contact can be made in an emergency? **Yes / No**

7. Are you a member of the ambulance service? **Yes / No**

### PARENTAL CONSENT

I, the undersigned agree to accept full responsibility for the child nominated above to participate in the Junior Football Clinic offered by Melbourne Football Club (MFC) on Tuesday 8<sup>th</sup> July, 2014. This form indemnifies the MFC from any liability that may be caused as a result of injury or loss as result of this football clinic. I authorise MFC, in the event of any injury or illness to obtain such medical assistance as is required and agree to meet any expenses incurred.

The Melbourne Football Club regularly takes photographs of fans for promotional purposes. These images may appear digitally or in print in any promotional or publicity materials (including the Club's website) produced by the Football Club or organisations working in partnership with the Football Club. All photographs taken remain the property of the Melbourne Football Club, and individuals appearing in such images and/or their parents will not be remunerated for any use of such images. If you do not consent to images of yourself/your child being utilised by the Club for promotional purposes, please advise a member of staff at the relevant event, or email [info@melbournefc.com.au](mailto:info@melbournefc.com.au). Crowd shots can be used at the discretion of the Club at any time, and are not subject to these conditions.

I acknowledge that MFC is not responsible for any injury or loss of any property belonging to my child whilst attending the Junior Clinic and consent to images of my child being utilised by the Club for promotional purposes.

Signed| \_\_\_\_\_ Date| \_\_\_\_\_

First name| \_\_\_\_\_ Surname| \_\_\_\_\_ Phone| \_\_\_\_\_

### PAYMENT DETAILS (NON-MEMBERS ONLY)

\$10 per non-member, payable by| \_\_\_\_\_ **Credit card  Cash  Cheque (payable to Melbourne Football Club)**

Card Number                    Expires  -

Cardholder name| \_\_\_\_\_ Signature| \_\_\_\_\_ Amount| \_\_\_\_\_

Please return this form to Melbourne Football Club, PO Box 223, East Melbourne 8002, or email to [membership@melbournefc.com.au](mailto:membership@melbournefc.com.au) **no later than Tuesday 1<sup>st</sup> July 2014**. Please note: this clinic traditionally reaches capacity, so to ensure the safety and quality of the clinic, numbers are strictly limited and **NO LATE BOOKINGS WILL BE ACCEPTED**.