

# Hoppers Crossing Football Club Inc

## Application for Membership 2012

FAMILY M'SHIP \$230 (\$50 each extra)  (ENTER TOTAL AMT DUE)

Oldest to Youngest	Rego 1 (Oldest)	Rego 2	Rego 3	Rego 4
Surname				
Given Name				
Date of Birth				
Team/ Age Group				
Parent / Guardian				
Address				
Suburb			Post Code	
Home Phone			Mobile Phone	
Email Address				

In Case of Emergency, please contact the following people

Name (1)	Relationship	
Mobile No	Home Phone No	
Name (2)	Relationship	
Mobile No	Home Phone No	

Do you consent to having yours/ your childs photograph taken and displayed on the HCFC Website and/or other advertising material  
 YES OR NO **Not answering signifies you DO consent**

Would your business/ place of employment be interested in a Sponsorship package  
 If so please include the Business Name, Contact Name and Contact Phone Number

Do you consent to HCFC to sharing your contact details with our sponsors?  
 YES OR NO **Not answering signifies you DO consent**

I wish to apply for membership of the HCFC Inc. I agree to be bound by the rules and allow current sponsors access to our data base for their promotional purposes (unless otherwise indicated above). In the event of injury I hereby authorise the officials of HCFC Inc to seek medical assistance as deemed appropriate. I also agree to and will abide to the HCFC Code of Conduct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Name \_\_\_\_\_

Office Use Only			
New Registration	/	Re-Registration	Team
Medical Report Y / N	** Copy of BC Y / N/ NA	** WRFL Form Y / N / NA	
Clearance Required Y / N	Details:		
Date _____	Payment Made	\$ _____	Rec No _____
Date _____	Payment Made	\$ _____	Rec No _____
Date _____	Payment Made	\$ _____	Rec No _____
<b>PAPERWORK COMPLETE</b>		<b>PYT COMPLETE</b>	

