



ALL STARS (Football 4 All)

'COME AND TRY' DAY: REGISTRATION FORM

PARENT/GUARDIAN NAME	
ADDRESS	
PHONE NUMBER	
YOUR EMAIL	
YOUR CHILD'S NAME	
CHILD'S AGE AND D.O.B.	AGE: _____ DOB: _____
CHILD'S SPORT SHIRT SIZE	
Does your child have a friend they would like to play with?	Friend's Name: _____
Please provide your child's diagnosis and describe any limitations / health concerns (please attach health plans etc that you would like to share)	Details : _____
Does your child have any allergies?	YES _____ NO _____ Details : _____
Emergency Contact name:	
Phone:	
The success of the program relies on the goodwill of volunteers. How would you like to contribute? No previous experience necessary – full support & training will be given.	Coaching: YES _____ NO _____ Set up/pack down: YES _____ NO _____ Canteen (general, barista, BBQ, roster co-ordinator): YES _____ NO _____ Do you have a current Working with Children Check or would you obtain one to volunteer for this activity: _____ Details of previous experience (if any): _____
Consent	Do you give consent for MBVFC to use photos taken of your child for media and promotion purposes on social media outlets, newspapers, newsletters and television? YES _____ NO _____ Parent/ Guardian name : _____ Parent/ Guardian signature _____ Date _____ Do you give consent for MBVFC to share your contact details with other families participating on the program? YES _____ NO _____ Parent/ Guardian name : _____ Parent/ Guardian signature _____ Date _____