



Milton Ulladulla Football Club Inc.
PO Box 286
Ulladulla NSW 2539
www.mufc.net.au

Mini & Junior Player Registration Form

Player 1.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition of a child which the coach should be aware of: _____

Player 2.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition of a child which the coach should be aware of: _____

Player 3.
Surname _____ First Name _____ D.O.B _____

Age Group _____ Number of years _____ Rego No. _____
played for MUFC

Any illness or condition of a child which the coach should be aware of: _____

Players Address: _____

Players Contact Phone No. _____

Declaration:

As a parent / guardian of the above child / children I understand that I am responsible for ensuring the transportation of the above to & from games throughout the season. If I am unable to attend I will make alternative arrangements for transport.

I am aware that throughout the season each team will be called upon to help in the canteen on a roster basis and I will help.

I understand that no person will be registered with SDSA unless full payment to the club is made. This means unless full payment is received you can not play.

I have also received the brochure on Player & Parent code of conduct.

Do you give permission for your child / Children to be photographed by MUFC for use on Website & in the local newspaper (Ulladulla Times) Yes / No

Signature of Parent / Guardian: _____ Date: _____

Please print name: _____

Address: _____

Emergency Contact Number: _____

Are you interested in sponsoring your child's / children's team Yes / No

Office Use Only
Payment Date:

Amount Received:

Receipt Number:

Cash / Cheque