



AFL Indigenous Program Registration Form

1 PARTICIPANT INFORMATION

Given name

Surname

Date of birth / / dd/mm/yyyy M F

Country of birth

Are you from Aboriginal and/or Torres Strait Islander origin? Yes No

Were any of your parents born overseas? Yes No

Where was your mother born?

Where was your father born?

Language other than English spoken at home

Street address

Suburb

State/Territory Postcode

Telephone

Email

What tribal/community cultural group do you identify with?

2 PARENT/GUARDIAN CONTACT DETAILS

First name

Surname

Telephone

Email

3 SCHOOL CONTACT DETAILS

School attended

School suburb

Year level

Teacher/employer first name

Teacher/employer surname

Telephone

Email

4 GENERAL INFORMATION

Our organisation often takes photographs of program participants to use in program promotions in publications, on websites and in the media.

Please indicate your wishes

I do I do not give permission for photographs featuring my child being used for these purposes.

Photographs & Video

By registering your child you consent to the AFL and accredited media using your child's name or image (including photograph and video footage) in any form or medium for general marketing, editorial and promotional purposes.

Privacy

All personal information collected will be managed in accordance with the AFL Privacy Policy available at afl.com.au/privacy or upon request.

5 SIGNATURE

I hereby confirm that the information provided by me herein is true and correct. By signing this form I agree to the AFL Terms of Participation

Parent/guardian

6 FOOTBALL

Height

Weight

Position

Favourite Player

Favourite Team

Player you play most like

Do you play AFL in another competition? Yes No

Competition name?

Club name?

Do you have any family who has played AFL/VFL? Yes No

Name

Relation to you (brother, father, uncle)

To find out more about our Indigenous Program, please visit:
www.afl.com.au/indigenous

or follow AFL Indigenous Programs via social media:



Medical Form

1 GENERAL (TO BE COMPLETED BY PLAYER AND OR PARENT/GUARDIAN)

YES NO UNSURE

- Have you ever passed out, become dizzy or had chest pain during or after exercise?
- Have you ever had atypical or unexplained shortness of breath or fatigue associated with exercise?
- Have you ever had a heart abnormality or murmur diagnosed by a doctor?
- Have you ever had an abnormal heart rate, palpitations or irregular heartbeats?
- Have you had high blood pressure or high cholesterol?
- Has a doctor ever denied or restricted your participation in sport for heart-related problems?
- Do you have asthma, chest tightness, wheezing or coughing spells during or after exercise?
If YES for asthma, please list medication used and how you manage:

- Do you take any prescribed or over the counter medication (asthma medications, cough/cold medications etc)?
- Have you ever been concussed, suffered loss of consciousness or suffered from convulsions?
- Do you have any problems with your skin (e.g. rashes, infections, itchiness, allergies, moles, acne)?
- Do you have any illness or condition that requires regular visits to a doctor (e.g. diabetes, epilepsy, coeliac)?
Please list:

- Do you have any allergies to any medications, foods, insects or other agents?
Please list:

- Do you suffer anxiety/stress related to your sport and/or lifestyle?
- Do you follow any special diet (e.g. vegetarian, weight loss, gluten free) or avoid any foods due to allergy or intolerance?
Please list:

2 INJURIES / MEDICAL CONDITIONS

Medicare Card Number

Health Insurance Name and Membership number _____

YES NO UNSURE

- Do you have, or have you recently had (in last few months) any injury, soreness or pain that stopped you training or playing?

If YES, please provide details:

*It is recommended that you see your doctor prior to the program for a general medical check-up.

Emergency Contact Details

Name Relationship to player

Best contact number

I hereby confirm that the information provided by me herein is true and correct.

Name _____ Signature: _____ Date: _____