

UQAFC Membership Form – Player

ALL information must be filled out unless otherwise stated. Please PRINT clearly.

Surname: _____ Given Name(s): _____
Date of Birth: _____
Street Address: _____ Suburb: _____ Post Code: _____
Mobile Ph#: _____
Email Address: _____
Occupation: _____ Work Phone: _____
If you work at UQ, which department/company: _____
Name of current or previous University or School: _____
Student Number: _____ Course: _____ Graduate Year: _____

Playing Information

Weight: _____ Height: _____
Position played last: _____ Preferred playing position: _____
Previous Club: _____ Season(s): _____
Previous Club: _____ Season(s): _____
Please list issues that may prevent you training routinely?

Please list any previous or current medical conditions that:

- may cause injury, illness or impede your ability to train or play football?
- may be relevant to a medical professional should you be unable to provide details?

Do you currently take any medication that:

- may impede your ability to train or play football?
- may cause you injury or illness while training or playing football?
- may be relevant to a medical professional should you be unable to provide details?

If so, please provide full details:

Senior/Ladies Membership:

Date:

I hereby apply for membership with the UQ Red Lions Australian Football Club ("the Club") as a player member and declare that the information set out in this form is true, complete and accurate in every respect. I also declare that I have read and understand the AFL Queensland Terms and Conditions of Registration and Insurance and agree to be registered with AFL Queensland using the information provided above. I hereby agree to that I am bound by all rules, by-laws and policies set out by the Club and it's governing bodies, AFL Queensland and UQ Sport.

Member Signature:

Date:

U18 Membership

Name of Parent / Guardian:

I understand and agree to all rules, by-laws and policies set out by the Club and it's governing bodies, AFL Queensland and UQ Sport, and give consent for my child to become a player member of the Club, to train and play Australian Rules Football for the Club, and that my child will be bound by these rules, by-laws and policies. I also declare that I have read and understand the AFL Queensland Terms and Conditions of Registration and Insurance and agree for my child to be registered with AFL Queensland using the information provided above.

Parent/Guardian Signature:

Date: