

**Highlands Football Club Academy**

**The Highlands Football Family Pathway**

(Football Development Program)

PLAYER REGISTRATION FORM

Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Information

Name Mobile Number Email Address

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the player have any known health issues? Yes / No

If yes, please supply details and medication requirements?

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Program (please circle)

U9-U12 (field players) Full Program (25 weeks) 10 weeks 5 weeks

U9-U12 (goalkeepers)

U17+ (combined seniors)

Payment to IMB BSB 641-800 A/C 200620284 with player’s name as the reference

ADMINISTRATION USE ONLY

FFA No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_