

**Glen Waverley Hawks Football Club Inc.**  
**www.glenwaverleyhawks.com**



**MEMBER DETAILS**

(Please Print)

**Family Information**

Parent's last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Occupation
Street address:				Home phone no.:
Suburb:		Post Code:		Mobile phone no.:
Email Address:				
Parent's last name:	First:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Occupation
Street address:				Home phone no.:
Suburb:		Post Code:		Mobile phone no.:
Email Address:				

**Player Information**

If you have multiple Players, Please complete an additional form and attach.

First Name	Birth date:	Mobile Phone no. :
Players Email Address		
New Player?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What Team? (eg Under 16s)
School		
Any medical conditions the Club needs to be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details (e.g. asthma) :
Are you registered with the EFL	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please complete the EFL registration form.

**Parent's Authorisation**

The Club may intend to use your child's image or name for non-commercial purposes such as the club web site, newsletter or in local newspapers. I hereby authorize Glen Waverley Hawks Football Club to use personal information about my child. See our privacy policy online for further details.

Yes     No

x

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**Office Use**

Club DB updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fees paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Birth Cert / Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No