

REGISTRATION FORM



NAB AFL Auskick is a great way for kids to have fun, make friends and learn skills of Australian Football.

Through weekly coaching sessions with our passionate coaches and coordinators, your child will be part of a great team, learning new skills and playing non-contact AFL games.

PLUS Each participant will receive an awesome benefits pack full of gear when they join.

CREATE MEMORIES THAT WILL LAST A LIFETIME.



To register online for NAB AFL Auskick, follow these simple steps:

- 1 Visit aflauskick.com.au
- 2 Enter your postcode in the centre locator
- 3 Select the centre you would like to attend
- 4 Complete the registration process



IT'S THAT EASY! Alternatively you can complete the registration form below and take it to your local NAB AFL Auskick centre.

NAB AFL Auskick Centre

Today's Date ____ / ____ / ____

**A copy of this form should be retained by the centre coordinator*

1 NAB AFL Auskick information

Has your child participated in NAB AFL Auskick previously? Yes No
If yes, what year? _____

2 Child's information

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

Given name _____

Surname _____

Street address _____

Suburb _____

State/Territory _____ Postcode _____

Email _____

School attended _____

School suburb _____ Grade _____

Was the child born overseas? Yes No

If yes, which country? _____

Was the child's parent 1 born overseas? Yes No

If yes, which country? _____

Was the child's parent 2 born overseas? Yes No

If yes, which country? _____

Language other than English spoken at home _____

Is your child of Aboriginal and/or

Torres Strait Islander origin? Yes No

3 Parent/guardian contact details

Given name _____

Surname _____

Email _____

Telephone _____

Can you assist with any of the following?

Coaching Administration First aid

Game helper Umpiring

4 General information

Which AFL club does your child support? _____

Is your child a member of this club? Yes No

Rate your child's interest in their AFL club from 1 (not interested) to 7 (fanatic). _____

How many AFL games does your child attend per season? _____

How many AFL games does your child watch on TV each week? _____

Will your child play AFL in another competition in 2015? Yes No

If yes, which AFL competition? Club School Both

5 Medical

Does your child have a disability or any special needs? Yes No

If yes, please specify _____

Does your child have any allergies or is he/she allergic to any medication? Yes No

If yes, please specify _____

In an emergency, do you authorise the NAB AFL Auskick centre coordinator to arrange any necessary medical treatment for your child where prior notification has not been possible? Yes No

6 Communications

Would you like to receive information and special offers from the AFL, AFL partners, AFL clubs and local junior club/s in accordance with the AFL Privacy Policy at aflauskick.com.au/privacy. Yes No

If you selected Yes to the above question, and are a NAB employee or NAB customer, NAB would like to reward you with exclusive offers throughout the year. Please indicate below:

Are you an employee of NAB? Yes No

Are you a NAB customer? Yes No

7 Parent/Guardian Signature

I hereby confirm that the information provided by me herein is true and correct. By signing this form I agree to the NAB AFL Auskick Terms of Participation (*a copy of which is available at aflauskick.com.au*).

Signed _____

Office use only

Amount received \$ _____ (incl. GST) Cash Cheque Football Pack Database

Receipt of payment

NAB AFL Auskick centre _____

Given name _____ Surname _____

Amount received \$ _____ (incl. GST) Cash Cheque Signed _____

NAB AFL Auskick centre coordinator