

# Ettalong Eagles

## Player Profile

Junior

Senior

<input type="checkbox"/>
<input type="checkbox"/>

NAME

ADDRESS

DOB  AGE THIS YEAR

TELEPHONE  MOBILE

EMAIL

NEXT OF KIN  PHONE

DOCTOR'S NAME  DR'S PHONE.NO

MEDICARE NO.

ALLERGIES/ ILLNESS etc

OTHER ISSUES/CONCERNS  
eg.COURT CUSTODY PAPERS

CANTEEN      YES  NO       DON'T CARE

UMPIRING      YES  NO       DON'T CARE

PHOTOS (for use on club website  
and Newsletter)      I GIVE PERMISSION   
I DO NOT GIVE PERMISSION

LAST TEAM PLAYED FOR

Parent/Guardian Name

Parent/Guardian Signature