



MARTON HAMMERS FOOTBALL CLUB INC.



NURSERY SQUAD REGISTRATION FORM

Players Name: _____

Date of birth: _____ Male / Female

Address: _____

Parent/Contact Name: _____

Parent/Contact Number: _____

Parent/Contact Email Address: _____

By signing below, I agree to abide by the constitution, rules and decisions of the Marton Football Club Inc. I hereby relinquish Marton Football Club and all their officials, coaches, managers and those persons deemed to be assisting in a voluntary capacity from claims or legal action arising from any accident or injury occurring prior to, at the time of, or after attendance at any activity or function organized by the Committee of the Marton Football Club or any of their sub-committees.

Signed: _____ Name: _____ Date: _____

Payment type: \$80 Cash / Eftpos / EFT Date: _____

Shorts/Socks given: Yes No Bank details for EFT payment:

Shorts size: _____ Socks size: _____ Marton FC

Shirt size required: 4 6 8 BSB 062164

A/C 1000 4672

Use surname as reference

*****For online registration, email completed form to info@martonhammers.com.au*****

Player receipt (for payments made at Clubhouse)

Payment type: \$80 Cash / Eftpos / EFT Date: _____

Shorts/Socks given: Yes No

Shorts size: _____ Socks size: _____

Shirt size required: 4 6 8

