



## Mansfield Eagles Soccer Club Inc.

**If you played with another club last year you MUST fill out a QCSA transfer form**

### 2010 Senior and Junior Membership Applications Form.

- The Duty of Care Form MUST also be completed.
- The "Non Participation" Levy must be paid, if page 2 of this form, is not completed.

<b>JUNIOR Member</b> (Pls circle)	<b>SENIOR Member</b> (Pls circle)	<b>MANDATORY PARENT / CARER CONTACT DETAILS REQUIRED:</b>		<p>Documents are available on the MESC web site <a href="http://www.mesc.org.au/ClubInfo.aspx">http://www.mesc.org.au/ClubInfo.aspx</a> for review and MESC will forward these to you if requested in writing.</p> <p><b>By ticking Option 1 or 2 and signing this application form you are acknowledging you have read the documents and will abide by the conditions referred to within the documents and all club rules incl:</b></p> <ul style="list-style-type: none"> <li>• This Participation Agreement (Option 1 or 2 below),</li> <li>• Privacy Policy (Information Collection)</li> <li>• Web Site and Image (incl Digital Image) Acquisition and Use Policy</li> <li>• Being responsible for repayment of any fines incurred by yourself or the team.</li> <li>• Providing updated contact/personal detail, if any change, to the REGISTRAR</li> </ul> <p><input type="checkbox"/> Please do not use image on web site as stated in Part 1 of Web Site &amp; Image Acquisition.</p> <p><b>Option 1</b> <input type="checkbox"/> I commit to assist with rostered team duties (ie. Laundering jerseys, provide oranges, vested official, canteen duty etc) and commit to also participate in other areas of the club</p> <p>AND I have nominated 2 or more areas from the Participation Areas, on the reverse side (page 2) of this form, where I will, in the spirit of this participation agreement, make myself available to serve in the club community.</p> <p><b>Option 2</b> <input type="checkbox"/> I commit to assist with rostered team duties but elect to pay the non-participation levy of \$100 per family which releases me from any other participation tasks.</p> <p>Signature _____</p> <p>Date and Print YOUR name and relationship to player / /</p>
<b>Indicate ABOVE your Member class</b>	<b>Which team for 2010</b> SM    SW    Over30	Parents/Carer 1 First Name	Parents/Carer 2 First Name	
Membership Number	Over 40    Other .....	Parents/Carer 1 Surname	Parents/Carer 2 Surname	
Gender:	<b>Team Played 2009</b>	Relationship Carer 1	Relationship Carer 2	
Jnr/Snr Player First Name	Junior/Senior Player Date of Birth	Home Phone Carer 1	Home Phone Carer 2	
Jnr/Snr Player Second Name	Players Home Phone #	Mobile Phone Carer 1	Mobile Phone Carer 2	
Jnr/Snr Player Surname	Mobile (Seniors)	Occupation 1 (or Senior)	Occupation 2	
Email Address		Nominated SMS Mobile Number		
New/Alternate Email Address		Special Requests (If possible)		
Residential Address	Mailing Address	What School will this player attend in 2010? Also what year level?		
Address Corrections	Address Correction	Office USE Only	Web Site Photo: YES    NO	
Birth Certificate Sighted Yes    Date	Sighted by	Transfer Form Status:		
Office Use Only: <b>SELECTED TEAM FOR 2010</b>		Notes Regarding Fees		

**Duties you must agree to do on a roster include: Washing Jerseys, Provide Oranges, Vested Official, Canteen Duty.(If applicable, Field and Net preparations and removal)**

**Please Insert Players Name : \_\_\_\_\_ Please Select from these additional Participation Tasks Areas and indicate minimum 2 tasks**

1.Management Committee		3. Soccer Committee		5. Team Coach or Manager		7. Assist Equipment Officer		10. Assist Ground Co-Ordinator	
*President		Registrar		I will be a Coach.		Sort First Aid Kits		Set up COCB Sat. pre-match	
*Vice President		Results Clerk		Please List Which Team		Fill/Deploy Coaches Boxes		Liaise with MGYR and COCB	
*Treasurer		Ground Co-Ordinator		I will be a Manager.		Stocktake/Sort Inventory		Field Inspections	
*Secretary		U7 & U8 Co-Ordinator		Please List Which Team		Co-ordinate Working Bee		Field Line Marking	
* Positions <b>MUST</b> be filled		Purchasing Officer		6. Sign On Day (next Year)		Deliver equipment		Collate usage of Weeden St	
2. Administration Assistant		Director of Team Manager		Coordinate Sign On Day		Coordinate return of coaches boxes		Close COCB Sat. post-match	
Minute secretary(s)		Coaching Director		Setting Up (Morning)		Issue Equipment			
Database entry (Excel/Access)		East Zone Liaison Officer		Sign On Day Assistant		8.Assist Canteen Manager		11. Fund Raising	
General Helper		Trophy Purchaser		Cashier on the day		Purchase Supply		Assist Co-ordination	
Newsletter Compiler		Photographer Assistant		Photographer on the day		Open Canteen on match day		Development Activities	
Post Sign On Day Assist		Canteen Administrator/Manager		Meet & Greet at Door		Close Canteen on match day		12. Assist East Zone Officer	
Assist Registrar		Events Officer		Document reviewer on the day		Restock Shelves		Co-ordinate activities	
Liase/Pick Up Docs from Printer		Fund Raising Manager		Clean & Pack Up (A'noon)		9. Assist Events Officer		13. Assist Coaching Director	
Assist with organising Sign On Day		Mt Gravatt Youth & Recreation Reserve Representative (MGYR)		OFFICE USE ONLY		Assist Family Day/Club BBQ		Preseason Induction	
SMS Co-ordinator		Grants Application Convenor				Assist End of Year Dinner		Liaise with Coaches	
Pre Season - Assist appointing Coach and Managers for teams		Web Site Administrator		2 Tasks Selected		Attend meetings		14. General Duties	
Compile/Issue Duty of Care Forms		Social Committee Convenor		Checked by:		Co-ordinate activities		Vested Official <u>Senior Games</u>	
Compile Sign On Packs		4. Social Committee				Arrange Suppliers		Working Bee Helper	
Co-ordinate Trophy Lists		Arrange Functions				Create Advertising Materials		Handy man repairs/painting etc	
Assist to organise "make up" matches		Create leaflets				General Helpers		Organise Supper for AGM	
		Assist Co-ordination							



## 2010 - DUTY OF CARE FORM

**NB: THIS FORM WILL BE RETAINED BY THE TEAM MANAGER.**

It is MESC Soccer Club. Club Inc.'s policy that a Parent/Guardian is responsible for placing their child directly into the care of the coach and/or manager of that player's team upon commencement of training or game time, and is also responsible for collecting their child directly from the care of the coach and/or manager upon the cessation of training or game time. The coach and/or manager will remain with all junior players until they have been picked up by their Parent/Guardian.

- In the circumstance of an accident occurring during training and/or game time, whilst a parent/guardian is not present, a representative for MESC Soccer Club. Club Inc. (namely the coach and/or manager) will attempt to contact the nominated Parent/Guardian, carer or their representative.
- Minor accidents will be dealt with at the grounds with a Parent/Guardian informed about the injury upon pick up.
- For serious accidents, when a parent or guardian cannot be contacted, an ambulance will be called and the player taken directly to one of the nearest hospitals. (Please note that if the closest hospital is a private hospital, parents and players should be aware that you may incur additional expenses which are not covered by private health insurance and the sport insurance policy.) MESC Soccer Club. Club Inc. or its representatives will not be held responsible for additional costs.

Please complete the following details:

<b>FAMILY NAME</b>			
<b>Player's Name</b>		<b>Date of Birth</b>	
<b>Carer 1 First Name Surname</b>		<b>Carer 2 First Name Surname</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home Number</b>		<b>Home Number</b>	
<b>Work Number</b>		<b>Work Number</b>	
<b>Mobile Number</b>		<b>Mobile Number</b>	
<b>IF THE ABOVE ARE NOT CONTACTABLE, PLEASE TELEPHONE THE FOLLOWING:</b>			
<b>NAME OF PERSON (1)</b>			
<b>Relationship to player</b>			
<b>Contact Number(s)</b>			
<b>NAME OF PERSON (2)</b>			
<b>Relationship to player</b>			
<b>Contact Number(s)</b>			
<b>Does the player have a medical condition including allergies; allergic reactions, etc, the Club should be aware of?</b> <b>If yes, please give details.</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
<b>OUR MEDICAL DETAILS ARE AS FOLLOWS: (Provision of this information is optional)</b>			
<b>PRIVATE HEALTH INSURANCE</b>	<b>YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
<b>Company</b>			
<b>Policy Number</b>			
<b>MEDICARE NUMBER</b>			
<b>FAMILY DOCTOR</b>	<b>Name:</b>	<b>Phone:</b>	

I, (name) \_\_\_\_\_ (Parent/Guardian or Senior Player, as applicable, to print their name)

of (address) \_\_\_\_\_

have read and fully understand MESC Soccer Club Inc.'s policy for the care of (print full name of player/child) \_\_\_\_\_ during training and game times. The contact details above are correct and I will advise the MESC registrar of any changes.

I give consent to an official or representative of MESC Soccer Club to undertake medical care as detailed above and I agree to reimburse any costs incurred by MESC Soccer Club and/or its representatives should this be applicable.

**Parent/Guardian or Members Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent/Guardian to sign if member is under 18 years of age)