

**MORNINGTON PENINSULA JUNIOR FOOTBALL LEAGUE INC
PLAYER REGISTRATION/TRANSFER FORM**

BLOCK LETTERS PLEASE

CLUB.....

AGE GROUP.....

SEASON.....

DATE OF BIRTH.....

**CHRISTIAN
NAMES**.....

SURNAME.....

ADDRESS.....

SUBURB.....**POSTCODE**.....

**PHONE
NO**.....**MOBILE**.....

An official document or Record of Birth must accompany this Form. No Statutory Declaration will be accepted.

EXAMPLE: Birth Certificates, Extract Of Birth, Health Centre Book, Passports, Immunisation Books.

CLUB SECRETARIES SIGNATURE
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CODE OF CONDUCT

**PLAYERS/ PARENTS / SPECTATORS/ OFFICIALS OF JUNIOR
FOOTBALL**

I..... Agree to abide by the Rules and By-Laws of the Mornington Peninsula Junior Football League Inc. and the AFL Victorian Country Football League. I will observe and obey these Rules and By-Laws and be bound by all rulings made by or with the authority of The League that relate or apply to me. I declare the information supplied by me is true and correct.

SIGNATURE.....

DATE.....

CLUB PLAYER IS TRANSFERING FROM.....

LEAGUE SECRETARY SIGNATURE.....

DATE.....