



**VICTORIAN AMATEUR FOOTBALL ASSOCIATION**  
**APPLICATION FOR REGISTRATION AND PERMIT**

<b>VFA Office</b> <b>Use</b> Date: .....
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**PLAYER'S NAME**.....

**VAFA CLUB**.....

GIVEN NAME .....	MIDDLE NAME/S .....
SURNAME .....	D.O.B. ....
ADDRESS .....	
POSTCODE .....	MOBILE .....
EMAIL .....	
BIRTH CERT./ DRIVERS LIC./ PASSPORT NUMBER (For U/18 & U/19 Players only) .....	

**AMATEUR STATUS**

**VAFA DEFINITION:** An amateur is one who does not receive, either directly or indirectly, any remuneration or reward whatsoever (whether by match payments, expenses or otherwise) in respect to their participation in the VAFA.

1. Will you play in the VAFA strictly as an amateur? **Yes / No** (Please Circle)

**TRANSFER FROM ANOTHER CLUB**

2. Do you have a current playing contract with another club? **Yes / No** (Contract expiry date .....) )

3. Do you require a Transfer from another club? **Yes / No** (Please Circle. If YES complete Table below)

<b>MOST RECENT CLUB PLAYED OR REGISTERED WITH</b>	<b>LEAGUE / ASSOCIATION</b>	<b>YEAR FIRST PLAYED</b>	<b>YEAR LAST PLAYED</b>	<b>PROCESSED ONLINE?</b>
				Yes / No

4. Have you previously been listed at an AFL Club? **Yes / No Club:** \_\_\_\_\_

**TRIBUNAL RECORD**

(NOTE: Players with 3 or more guilty verdicts or a total of 6 or more weeks in cumulative suspensions will be required to attend an interview with the VAFA before any registration and permit application will be approved.)

5. Are you currently disqualified from playing in any League or Association? **Yes / No** (Please Circle)

6. Do you have a tribunal record in any League or Association? **Yes / No** (If YES complete Table below)

<b>YEAR</b>	<b>CLUB</b>	<b>LEAGUE / ASSOCIATION</b>	<b>OFFENCE</b>	<b>LENGTH OF SUSPENSION</b>

**PLAYER APPLICATION FOR REGISTRATION AND PERMIT**

I apply to be registered with the VAFA and for a permit to play for the VAFA Club named below. I **certify** the information in this Application is true and correct. I agree to be bound by all applicable Rules, Codes of Conduct and Policies of the VAFA. I **accept** communications, including SMS, from VAFA and associated partners, which may contain a commercial message with no automatic opt-out. I can stop receiving communication by phoning 9537 6777.

**Date:** ...../...../..... **Applicant's (Player's) Signature:** .....

**CLUB APPLICATION FOR PLAYER PERMIT**

I have **informed** the Applicant that he may not play in the VAFA unless he maintains his amateur status in accordance with the VAFA definition above. I apply for a permit for the Applicant to represent this Club.

**Name of Club Authorised Signatory:** ..... **Signature:** .....

**Date:** ...../...../..... **Club Name** .....