



GRIDIRON VICTORIA

TEAM REGISTRATION FORM

The _____ hereby makes application
(Full name of club)

for registration of a team in the SENIOR / JUNIOR Season, to be known as the

_____ For the _____ GV season.
(Name of team)

Criteria for registration

1. The club must be a registered legal entity (i.e. a company or incorporated association).
ABN: _____ Incorporation No: _____
2. The club must be a member of Gridiron Victoria.
3. The team must have at least twenty (20) registered senior players for a senior team or fifteen (15) registered players for an Junior team. **(New Clubs Only)**
4. The team must have at least one (1) registered coach who has a full Australian Gridiron Coaches Association Level 1 Accreditation.
5. The team must have at least one (1) registered non-playing medical officer who has successfully completed a Level 2 Sports First Aid (or equivalent) or Sports Trainer course.
6. The team must have at least six (6) registered persons who have undertaken or are prepared to undertake training with the Victorian Gridiron Officials Association and capable of acting as Game Officials as required.
7. The club must lodge the required security deposit of \$1000 for senior teams and \$500 for junior teams by the closing date for registrations.

We, the undersigned, on behalf of the above named club, understand the obligations of the type of membership that we have sought and are aware of the criteria that Gridiron Victoria has set for that level of membership. In addition, we agree, on behalf of our club, to abide by the Gridiron Victoria by-laws and policy documents as distributed to date. We further understand that acceptance of our registration application affords our club the right to one (1) vote at the Gridiron Victoria Committee of Management until the closing date for registration for the Season.

Signed: _____

Signed: _____

Name: _____

Name: _____

Position: _____

Position: _____

Date: _____

Date: _____

GENERAL CLUB AND TEAM INFORMATION

Postal address for correspondence: _____

Email address: _____

CLUB OFFICE BEARERS:

Name	Position	Phone No	Email

TEAM COACHING STAFF:

Name	Position	Phone	Email	Accreditation

TEAM MEDICAL STAFF:

Name	Position	Phone	Email	Qualifications

NOMINATED CLUB OFFICIALS:

Name	Position	Phone No	Email

CLUB UNIFORM AND COLOURS

Helmet (colour)		Facemask (colour)	
Helmet Decals (colour)		Design	
Home Jersey (colour)		Numbers (colour)	
Shirt Striping (colour)		Design	
Away Jersey (colour)		Numbers (colour)	
Shirt Striping (colour)		Design	
Pants (colour)		Belt (colour)	
Pants striping (colour)		Design	
Socks (colour)		Design	

Practice Venue: _____

Practice Dates and Times: _____

The Club may nominate a ground for classification as an approved home venue. If approved, the venue will be included as an official venue for use in the season. Any nominated ground must meet the Gridiron Victoria minimum standard for a playing venue. Nomination of a ground is not mandatory.

Name of nominated ground (if any): _____

LOCATION: _____ MELWAYS REF: _____