

GRIDIRON VICTORIA

TEAM REGISTRATION FORM

The	hereby makes application for registration of a				
	(Full name of Club)				
team	in the SENIOR Div 1 \Box Div 2 \Box / JUNIOR \Box Season to be known as the				
	for the GV season.				
	(Name of team)				
Crite	ria for registration:				
	e: Additional requirements apply to new teams. Refer to the GV Operating Rules, or contact the GV strar, for more details.)				
1.	The club must be a registered legal entity (i.e. a company or incorporated association).				
	ABN: or 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 a junior team, by the closing date for registrations.				
4.	Coaching accreditation requirements:				
	a. The first team from each club must have at least one (1) registered Head Coach who has a fu Gridiron Australian Level 2 Accreditation.				
	 b. Second and subsequent teams from the same club (in the same season) must have at least one (1) registered Head Coach who has a full Gridiron Australia Level 1 Accreditation. 				
	 c. In total, including the Head Coach, each team must have at least three (3) registered coach who have a full Gridiron Australia Level 1 Accreditation. 				
	d. All coaches must comply with all accreditation requirements listed in the GV Operating Rules.				
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. If the Level 2 Medic is a player, there must also be Level 1 Medic on the sideline.				
6.	The club must lodge a Participation Bond of \$1000 for Senior teams and \$500 for Junior teams by the closing date for registrations. This bond will be forfeited if the team withdraws prior to the start of the season.				
7.	The club must lodge (or have lodged) a Forfeit Bond of \$300 for Senior teams and \$500 for Junior teams by the closing date for registrations.				
	behalf of the above-named club, understand the obligations of the type of membership that we have ht and are aware of the criteria that Gridiron Victoria has set for that level of membership. I agree, on				

Signed:	Name:		
Position:	Date:	<u>/</u>	<u>/</u>

behalf of my club, to abide by all Gridiron Victoria and Gridiron Australia by-laws and policies.

GENERAL CLUB AND TEAM INFORMATION

Postal address for correspondence: _____

Email address:

CLUB OFFICE BEARERS:

Name	Position	Phone Number	Email
	President		
	Vice President		
	Secretary		
	Treasurer		

TEAM COACHING STAFF:

Name	Coaching Position	Phone	Email	Accreditation
	Head Coach			Level
				Level

TEAM MEDICAL STAFF:

Name	Position	Phone	Email	Qualifications

- Notes: 1. All Club Office Bearers, coaches and medical staff must be registered members of GV when this form is submitted.
 - 2. If there are any changes to Club Office Bearers after submitting this form, please advise the GV Registrar.
 - 3. If a Club has more than one team in a given season, coaches and medical staff need only be listed on one Team Registration Form, but may move between teams during the season (although each team must have a nominated Head Coach).
 - 4. If any coaches or medical staff join the club/team after submitting this form, please provide details to the GV Registrar before they participate in a game.

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

Please attach colour photo (New teams or changed uniforms only)

Practice Venue: _____

Address: _____

Practice Days 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.

Note: Information regarding your preferences for hosting days and times will be sought after the closing date for registrations, prior to the creation of the fixture.

Name of nominated ground (if any):_____

Address: _____

MELWAYS REFERENCE NUMBER:

Google Map: