

GRIDIRON VICTORIA – TEAM REGISTRATION FORM

The hereby makes application for
(full club name)

registration of a team in the	SENIOR:	MEN	WOMEN
	JUNIOR:	U15	U19

season to be known as thefor the GV season.
(team name) (year)

Criteria for registration:

1. The club must be a registered legal entity (i.e. a company or incorporated association).

ABN: _____ and/or Incorporation No: _____

2. The club must be a member of Gridiron Victoria.
3. The team must have the minimum number of registered players, as specified under the Operating Rules.
4. Coaching accreditation requirements:
 1. The first team from each club must have at least one (1) registered Head Coach who has a full Gridiron Australia Level 2 Accreditation.
 2. 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.
 3. In total, including the Head Coach, each team must have at least three (3) registered coaches who have a full Gridiron Australia Level 1 Accreditation.
 4. 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 pay all fees as outlined by the Board, and provided within a Tax Invoice, by the closing date for registrations. These fees will be forfeited if the team withdraws prior to the start of the season.

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

Signed: _____ Name: _____

Position: _____ Date: ____/____/____



GRIDIRON VICTORIA – TEAM REGISTRATION FORM

GENERAL CLUB AND TEAM INFORMATION

Postal address for correspondence: _____

Club MAIN Email address: _____

CLUB OFFICE BEARERS:

Name	Position	Phone Number	Email
	President		
	Vice President		
	Secretary		
	Treasurer		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		
	Committee Member		

TEAM COACHING STAFF:

Name	Coaching Position (Head Coach, Assistant etc)	Mobile #	Email Address	Accreditation Level	Team Coaching (U15, Men, Women, U19)

GRIDIRON VICTORIA – TEAM REGISTRATION FORM

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 Board.
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 Board 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 of all items above. Please ensure these are JPG, PNG or in PDF format.

Practice Venue: _____

Address: _____

Practice Days and Times: _____

GRIDIRON VICTORIA – TEAM REGISTRATION FORM

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: _____

Social Media Links:

