



# Brothers AFC Come and Try Application



Name:	
Gender	
D.O.B	
Address	
Home Phone	
Mobile	
Email	
Parent Name	
Parent Phone	
Parent email	
Emergency Contact	
Emergency Contact Mobile	
Do you identify as having a disability?	
School	
Do you identify as Aboriginal and/or Torres Strait Islander	
Country of Birth	

A copy of your birth certificate or school ID **must** be submitted with this form (for under 18 years) as a condition of Come & Try registration. Submissions can be a scan or photo of the document. Please send all paperwork to [registrar@brothersafc.com.au](mailto:registrar@brothersafc.com.au)

If you have any difficulties filling in this form please contact Leilani Nelson (0458 295 929).

As parent/guardian of \_\_\_\_\_, I give permission for their participation in the upcoming season.

I understand and agree to the Terms & Conditions.

Terms and Conditions are available from our website: <https://brothersafc.com> (See 'Join Us')