



BELROSE-TERREY HILLS RAIDERS SOCCER CLUB INC



ABN: 18 037 429 697

2010 PLAYER REGISTRATION FORM

PLAYER DETAILS – Please print CLEARLY

Surname: _____ First name: _____ DOB: _____

Address: _____

Post Code: _____

Phone: _____ Mobile: _____

Email address: _____

Emergency contact – name & number: _____

Age group / team registering for: _____

Previous club (if applicable): _____ Year last played: _____

Country of birth: _____ Nationality: _____

Are you a student? YES NO Name of school: _____

PARENT / GUARDIAN DETAILS – for players under 18 years

Parent / Guardian 1

Name: _____

Phone(s): _____

Email: _____

Parent / Guardian 2

Name: _____

Phone(s): _____

Email: _____

CLUB MEMBERSHIP – for PARENTS / GUARDIANS / SENIOR PLAYERS (optional):

I wish to be an Adult Member of the Club (no fee required) under Clause 2 of the Club Rules and agree to be bound by said Rules for the time being in force.

Name in full: _____ Signed: _____

Name in full: _____ Signed: _____

N.B. The committee strongly recommends that **all parents & senior players** be Club Members, ONLY members are eligible to vote on Club policy, etc.

DECLARATIONS – Please read carefully before signing

I authorise / do not authorise the Club to publish any photos that may be taken of my child on the Club website or in other BTHR publications (if applicable)

Signed: _____ Name: _____ Date: _____

I, the undersigned, being the actual player, or the parent/guardian of the above mentioned applicant, hereby give permission for the applicant to play the game of soccer as a member of Belrose-Terrey Hills Raiders Soccer Club Incorporated and agree to be bound by and abide by the rules of the Club, as Incorporated, and to indemnify the Club, its officials, servants and members, against any claim and compensation for any loss or injury, however occasioned, during or traveling to or from any game, practice or club activity.

I hereby declare that I have received the Accident Facts Sheet issued by Football NSW, that the information provided in this application is correct and that the player is not registered with any other club.

I grant Belrose-Terrey Hills Raiders Soccer Club the right to obtain medical care for the player from any qualified person, should the need arise, when I am not available to grant authorisation.

Signed: _____ Name: _____ Date: _____

CLUB USE ONLY

TEAM _____ FEE \$ _____ RECEIPT NO _____ CASH CHQ CC EFT

Play with / Additional info _____

Signed _____ Name _____ Date _____