



2011 PLAYER REGISTRATION FORM

PLAYERS INFORMATION:

First Name:		Surname:	
Address:			
Phone Number:	Home:	Mobile:	
Players Date of Birth:		Please CIRCLE: MALE FEMALE	
Email Address:			

PARENT/GUARDIAN INFORMATION: *If player is under 18 years of age the following information must be completed.*

Name			
Home Phone		Mobile Phone	
Email Address			

MEDICAL INFORMATION:

Any known medical conditions/allergies that we should be aware of? YES NO
Please provide details:
Do you need glasses to play: YES NO

PLAYING HISTORY. *If you were registered with Georges Hall Thistle in 2010 you do not need to complete this section:*

Last Year that you played Football:
Age Group/Division:
Club/Association:

FOOTBALL NSW LIMITED – ACCIDENT SUPPORT PROGRAM:

<p>This program is part of Football NSW Limited Risk Management and Player Protection Plan. It is designed to supplement Loss of Income and Non-Medicare expenses. The benefits are <u>LIMITED</u>. Note this is not a Health Insurance Scheme of Workers Compensation. It does not provide cover for transportation by Ambulance or replace private health benefits.</p> <p>2011 – THERE IS NO LONGER A STUDENT RATE AND WILL BE DETERMINED BY AGE:</p> <p><input type="checkbox"/> Senior (19 AND OVER) <input type="checkbox"/> Junior</p>
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Privacy Statement:

The personal information provided during registration will be used by GEORGES HALL THISTLE SFC, BDAFA, FOOTBALL NSW and FOOTBALL FEDERATION AUSTRALIA for general administration, communication and other matters relating to the welfare of the registering player. The information will be stored securely and will not be provided to third parties or used for any purpose other than those specified.



BANKSTOWN DISTRICT AMATUER FOOTBALL ASSOCIATION – CODE OF CONDUCT:

I confirm that I have been given the opportunity to read the BANKSTOWN DISTRICT AMATUER FOOTBALL ASSOCIATION – CODE OF CONDUCT, for PLAYERS, PARENTS and/or SPECTATORS, and agree by the terms of the CODE OF CONDUCT.

Player/Parent-Guardian Signature: _____

PARENT/ PLAYER DECLARATION:

I the undersigned hereby agreed to pay GEORGES HALL THISTLE SFC the registration fee advised prior to commencement of the season or before I take the field. I have been handed the Code of Conduct for Players, Parents, Spectators and Officials, and agree to abide by the rules set down by the Club and the relevant governing bodies. Failure to comply could result in suspension of the offending person(s). I understand that any fine incurred by the Club as a direct result of misconduct will be payable by the offending person(s). I also understand that my name and image may appear in publications, including the club website, and that this information may also be used by Football NSW & BDAFA in the promotion of any relevant competition. I have also received a copy of the Accident Support Program Form (Insurance).

Signed: (Player/Parent-Guardian)

Print Name:

Date:

CLUB ONLY TO COMPLETE

Code of Conduct – Signed and Attached:	<input type="checkbox"/>	FFA Form – Signed and Attached.	<input type="checkbox"/>
Proof of Age: Original sighted and photocopy taken.	<input type="checkbox"/>	Student ID card:	<input type="checkbox"/>
Insurance Form Signed:	<input type="checkbox"/>		

Registration Date	Registration Number
Fees Paid: \$	Receipt Number
Age Group/Team Allocated	

Signed: _____

Date: _____

Authorised Club Officer

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