



Receipt No

LJ

PO Box 144, Concord 2137  
Phone 0450 527 592 Edwards Park 02 9736 2528  
Email: [secretary@concordsoccer.org.au](mailto:secretary@concordsoccer.org.au)  
Website: [www.concordsoccer.org.au](http://www.concordsoccer.org.au)  
ABN: 44 636 042 673

### REGISTRATION 2016

- The Club will be seeking nominations from interested applicants to Coach and Manager a team. Coaches will have to hold a Junior/Youth license Coaching Certificate.
- I certify that I have not registered with any other soccer club or soccer association for this current 2016 season.

**Players Declaration:** I hereby declare;

- I am not under suspension by any sporting organisation;
- I have not contracted or signed to play for any other soccer team this year;
- I am duly qualified to play for this team according to the rules of the Association;
- There are no monies or property owing by me to any Club or Association;
- I have read the above information regarding my details on this form and it is correct and true;
- That I have had the opportunity to read the rules of the Association and will abide by these rules and any decision(s) of CDSFA Inc.

PLAYERS SIGNATURE (Parent/Guardian required if under 18)	FIRST NAME SURNAME (print clearly)	DATE
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This completed form to be retained by the club and produced to the Association on request at the Association office.

We, the undersigned club desire to register the player/official with **CONCORD JUNIOR SOCCER CLUB INC.**

**Declaration by Club:**

**I hereby certify that I have sighted an original license/passport/birth certificate or other satisfactory proof of age and identity and that the signature of the player is a personal one (or if unable to sign through incapacity that of a parent or guardian).**

As far as I can ascertain the information given herein is correct.

A photocopy of the original document sighted is available from the Club Registrar on demand.

Signature of Club:.....Date:...../...../2016



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**REGISTRATION 2016**

FFA NUMBER \_\_\_\_\_

Registration Fee	\$	Method of Payment	CASH / CHQ NO:
Birth Cert/ID Received	Y / N	Date Paid in Full	/ / 2016
Photo (FFA)	Y / N	CONFIRMATION EMAIL	YES / NO

WRITE CLEARLY in PROVIDED: D/L or BIRTH CERTIFICATE SHaded AREAS OFFICIAL USE ONLY

AGE GROUP	GIRLS U/5		BOYS U/5	MIXED U/
<b><u>SURNAME</u></b>			<b><u>GIVEN NAME</u></b>	
MALE / FEMALE	M / F	DATE OF BIRTH		
STUDENT	Yes / No	SCHOOL (if yes)		
ANY MEDICAL ISSUES	Yes / No	SPECIFY (if yes)		
STREET ADDRESS				
SUBURB			POSTCODE	
HOME TELEPHONE			MOBILE (if any)	
EMAIL				

**PLAYERS UNDER 18 YEARS OF AGE, complete the Emergency Contact details of Parents &/or Guardians:**

Father/Guardian	Mobile
Mother/Guardian	Mobile

**BY SIGNING THIS FORM I AGREE TO**

- Abide by the Club's policies, rules and regulations and any final decisions set down by Concord Junior Soccer Club Inc
- Agree to abide by the club and association's constitution and by-laws, codes of behavior, child protection policy, privacy policy, grading policy, sports injury insurance policy. I understand that I can contact the club/association to view these documents.
- I acknowledge receipt of the 2016 Information Handbook that includes relevant details of club policies.
- I understand that all teams will be assigned duties and agree to assist with dressing and undressing fields, barbeque and canteen duties when my team is rostered to do so. I agree to help my child's team to fulfill all duties as assigned.