



SPORTSWORLD JUNIOR PLAYERS REGISTRATION FORM



www.sportsworldindoor.com.au

NEW MEMBER
(NEED COPY OF BIRTH CERTIFICATE)

RENEWING MEMBER
(BIRTH CERTIFICATE NOT REQUIRED)

PLAYERS INFORMATION

(17 YEARS OR YOUNGER)

MALE

FEMALE

SURNAME: _____

GIVEN NAME: _____

DATE OF BIRTH: _____

HEALTH FUND: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE: (H) _____ (W) _____ (M) _____

EMAIL ADDRESS: _____

EMERGENCY PERSON: _____ (RELATIONSHIP) _____

PHONE: (H) _____ (W) _____ (M) _____

GAME TYPE Eg. SOCCER, CRICKET OR NETBALL	DAY OF WEEK PLAYED	TEAM NAME

I DECLARE THAT MY SON/DAUGHTER IS IN GOOD HEALTH AND DOES NOT SUFFER FROM ANY AILMENT, DISABILITY OR CONDITION THAT WILL AFFECT HIS/ HER ABILITY TO TAKE PART IN ANY OF THE SPORTING ACTIVITIES AND COMPETITIONS AS ORGANIZED BY SPORTSWORLD.

NOTE:- THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN ON BEHALF OF THE ABOVE NOMINATED PLAYER.

SIGNED: _____

DATED: _____

OFFICE USE ONLY

FAMILY MEMBER NUMBER: _____

BIRTH CERTIFICATE SIGHTED: _____

Method of Payment

Enclosed please find my cheque (not cash) for \$.....made payable to Sportsworld Peakhurst. Please write your name and address clearly on the back of cheque.

Or charge my MasterCard Visa

Card no ____ / ____ / ____ / ____ Expiry Date __ / __ Verification No ____
(on back of card)

Name on card.....Signature.....