



SPORTSWORLD PLAYERS REGISTRATION FORM



www.sportsworldindoor.com.au

NEW MEMBER

RENEWING MEMBER

PLAYERS INFORMATION

SURNAME: (Mr, Mrs, Miss) _____ GIVEN NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

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

EMAIL ADDRESS: _____

EMERGENCY CONTACT DETAILS

NAME: _____ RELATIONSHIP: _____

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

YOUR ADDRESS DETAILS

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TEAM DETAILS

TEAM NAME
1st TEAM
2nd TEAM
3rd TEAM

DAY PLAYED					
PLEASE CIRCLE					
S	M	T	W	T	F
S	M	T	W	T	F
S	M	T	W	T	F
S	M	T	W	T	F

GAME TYPE PLAYED		
PLEASE CIRCLE		
SOCCER	NETBALL	CRICKET
SOCCER	NETBALL	CRICKET
SOCCER	NETBALL	CRICKET
SOCCER	NETBALL	CRICKET

I DECLARE THAT I AM IN GOOD HEALTH AND DO NOT SUFFER FROM ANY AILMENT, DISABILITY OR CONDITION THAT WILL AFFECT MY ABILITY TO TAKE PART IN ANY OF THE SPORTING ACTIVITIES AND/OR COMPETITIONS AS ORGANISED BY SPORTSWORLD.

SIGNED: _____

DATE: _____

OFFICE USE ONLY

MEMBERSHIP LEVEL: _____ EXPIRY DATE: _____ AMOUNT PAID: _____

MEMBERSHIP No: _____

STAFF: _____