

## PLAYERS REGISTRATION FORM

[www.sportsworldindoor.com.au](http://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	DAY PLAYED PLEASE CIRCLE						GAME TYPE PLAYED PLEASE CIRCLE			
1st TEAM	S	M	T	W	T	F	SOCCER	NETBALL	CRICKET	SOFTBALL
2nd TEAM	S	M	T	W	T	F	SOCCER	NETBALL	CRICKET	SOFTBALL
3rd TEAM	S	M	T	W	T	F	SOCCER	NETBALL	CRICKET	SOFTBALL

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 sporting activities and/or competitions as organised by Sportsworld.

I have read and agree to the Sportsworld conditions of play as stated in the Centre and on the Sportsworld Indoor website

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

#### OFFICE USE ONLY

MEMBERSHIP LEVEL: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

COMPETITION PERIOD:

Autumn: April/July

Winter: August/November

Summer: Nov/Mar

STAFF SIGN OFF: \_\_\_\_\_

INPUT BY: \_\_\_\_\_

INPUT DATE: \_\_\_\_\_