



Sportsworld Indoor

indoor fun for everyone!

PLAYER REGISTRATION FORM

Sutherland & Peakhurst

MEMBERSHIP NUMBER :

SP _____

CARD TYPE :

SURNAME :

GIVEN NAME :

DATE OF BIRTH :

HEALTH FUND :

ADDRESS :

SUBURB :

POSTCODE :

PHONE (H) : _____

(W) : _____

(M) : _____

E-MAIL :

EMERGENCY :

PERSON :

PHONE :

GAME TYPE	DAY OF WEEK	AM/PM	TEAM NAME

I, DECLARE THAT I AM STILL 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 COMPETITIONS AS ORGANIZED BY SPORTSWORLD **NOTE: - IF PLAYER IS 17 YEARS OR YOUNGER, THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN ON OR BEHALF OF THE ABOVE NOMINATED PLAYER.**

SIGNED :

DATE :

OFFICE USE ONLY :

AMOUNT PAID :

RENEWAL DATE:

STAFF : _____

CENTRE :
