

LIDCOMBE CHURCHES SOCCER CLUB INC

2023 JUNIOR PLAYER REGISTRATION FORM

Player's Details

*SURNAME: *GIVEN NAME:

*ADDRESS:

*DATE OF BIRTH (DD/MM/YYYY)/...../..... (Please ensure this is correctly stated.)

MOTHER'S NAME..... FATHER'S NAME

*CONTACT DETAILS

HOME MOTHER'S MOB FATHER'S MOB

MOTHER'S EMAIL

FATHER'S EMAIL

ACTIVE KIDS VOUCHER NUMBER.....

**PRINTED RECEIPT PREFERRED, MAKE SURE ALL DETAILS ARE THE SAME IN BOTH THE
ACTIVE KIDS VOUCHER AND WHAT IS WRITTEN HERE**

I AM HAPPY TO ASSIST THE CLUB IN ANY OF THE FOLLOWING ACTIVITIES:

Volunteer parents run this Club for the children. Any help you can offer will be greatly appreciated.

Please circle one or more of the following if you can help:

Committee Coach Manager Referee Sponsor Grounds Canteen Other

*MEDICAL

Does the player need to wear spectacles to play? Yes / No

Does your child have any medical conditions, allergies, or disabilities that may affect his/her ability to play soccer? If in doubt consult your General Practitioner. Write details below -

*THE FOLLOWING CLUB INDEMNITY MUST BE READ CAREFULLY AND COMPLETED:

I (Parent/Guardian)hereby give permission for my child
to train and play soccer and games resembling soccer as determined and arranged by the Club and by the Affiliated Associations. In the event that my child is injured during a match, training or practice session, I give permission for medical treatment to be obtained and I agree to pay for any expenses incurred. I also accept that Lidcombe Churches Soccer Club Inc, its officials and representatives will in no way be held liable in the event of injury or accident to my child.

I have read and will abide by the Lidcombe Churches Soccer Club's "Player Code of Conduct".

I grant Lidcombe Churches Soccer Club the right to take photographs and videos of my child and I authorise Lidcombe Churches Soccer Club to use and publish the same in print and/or electronically.

Parent / Guardian Sign Date

* MUST COMPLETE FIELDS

UNIFORM (to be completed on registration day)

	Cost	Size	Qty	Total	Paid	Issued
Socks	\$10.00					
Shorts	\$15.00					

CASH, CHEQUE or EFT PAYMENTS THANKS

FOR CLUB USE ONLY:

REGISTRATION DUE: REGISTRATION PAID: UNIFORM PAID:

TOTAL AMOUNT PAID:..... RECEIPT NO:..... PAYMENT TYPE: Cash Cheque EFT

RECEIVED BY: DATE/...../.....