

LIDCOMBE CHURCHES SOCCER CLUB INC

2023 SENIOR PLAYER REGISTRATION FORM

Player's Details

*SURNAME: *GIVEN NAME:

*ADDRESS.....

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

*CONTACT DETAILS

HOME MOB Work

EMAIL

**I AGREE TO ATTEND THE C.F.A SYDNEY ASSOCIATE REFEREES COURSE PRIOR TO
THE FIRST COMPETITION MATCH OF THE SEASON**

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

Volunteers run this Club for the players. 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

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

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

Ihereby agree 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 I am 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 myself.

I have read and will abide by the C.F.A Sydney "Player Code of Conduct and Declaration" and Lidcombe Churches Soccer Club Inc "Player's Code of Conduct".

Signed Date

* MUST COMPLETE FIELDS

CASH, CHEQUE or EFT PAYMENTS THANKS

FOR CLUB USE ONLY:

REGISTRATION DUE..... REGISTRATION PAID.....

REGISTRATION OUTSTANDING

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

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