



6-A-SIDE SOCCER JUNIOR PLAYER REGISTRATION FORM

Please Print Clearly

Surname:	Given Name:	
Address:		Post Code:
D.O.B:	Age:	
Team Name:		
Parent/Guardian Name:		
Email:		
Home Phone:	Mobile Phone Contact:	

Notes:

Players only need to register once, regardless of the number of teams they play in.

All players participating in P.I. Sports soccer competitions must be registered. Registration is **compulsory** and must be paid prior to players taking the field. All boxes must be completed or the player will be deemed unregistered. It is the responsibility of the team contact to ensure all players are registered prior to taking the field.

Teams fielding unregistered players may incur a forfeit for that game.

Please list any pre-existing medical conditions that you have and any medications you are currently taking that you believe may be relevant to participating in P.I. Sports competitions (eg. Asthma – ventolin puffer in bag)

By signing this form I agree to the following conditions:

1. To abide by the competition Playing Rules of P.I. Sports and to take all reasonable steps to comply with the spirit and intent, as well as the letter of those Playing Rules;
2. To ensure that I am fit and trained for the level of soccer in which I am about to participate. (Please seek medical advice before participating if you are at all concerned);

My registration fee of \$100.00 (incl. GST) accompanies this form.

Parent / Guardian Signature: _____ Date: _____

Registrar Use Only

Date:	
Payment Amount:	
ID Presented:	
Signed:	