



PLAYER REGISTRATION FORM

Please Print Clearly

Competition	WINTER COMPETITION		SUMMER COMPETITION (Please circle)	
First Name			Surname	
Address				
Suburb			Postcode	
Phone (H)		Mobile		Work
Date of Birth			Gender	Male / Female
Email Address				
Occupation				
Pre-existing medical conditions	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)			
Team Name				
Team 2 Name				

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.**

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);
3. I am aware that should I become pregnant during the competition that it is my responsibility to be declared fit to play soccer by my health practitioner.
4. I am aware of the dangers inherent in playing soccer whilst pregnant (overheating, dehydration, level of exertion, risk of injury) and waive my rights to seek damages in the event of an injury sustained whilst playing soccer.

My registration fee of \$35.00 accompanies this form.

Signature: _____ Date: _____

If you are under 18 years of age, your parent / guardian must sign this registration form

Parent/Guardian Signature: _____ Date: _____

Registrar Use Only

Date		Payment Amount	
ID Presented		Signed	

