



JUNIOR PLAYER REGISTRATION FORM

Please Print Clearly

First Name		Surname	
Address			
Suburb		Postcode	
Phone (H)		Mobile	
Date of Birth		Gender	Male / Female
Email Address			
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			
Parent/Guardian 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 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.

Parent/Guardian Signature: _____ Date: _____

Registrar Use Only

Date		Payment Amount	
ID Presented		Signed	

