



Fairfield Hotspurs Sports Club

FFA REG. NO.

REGISTRATION FORM 2012

SHADED FIELDS TO BE COMPLETED BY THE CLUB. All other fields to be completed by the applicant. Please print clearly.

ID NUMBER

MEMBERSHIP CATEGORIES: PLEASE CROSS (X) ALL APPLICABLE CATEGORIES.

PLAYER

COACH

MANAGER

COMMITTEE

GROUND
MARSHAL

PTAR

SECTION 1

APPLICANT GENERAL INFORMATION

GIVEN NAME FAMILY NAME ADDRESS DATE OF BIRTH SUBURB POST CODE GENDER
(please cross) M F

TELEPHONE

(home)

TELEPHONE

(work)

TELEPHONE

(mobile)

EMAIL

Father

Mob

Mother

Mob

SECTION 2

PLAYER / MANAGER / COACH DETAILS

FORM OF
IDENTIFICATION
PROVIDED

Birth Certificate

Current Driver's License

Current Passport

Australian Travel Visa

Tick One Box – I.D. must be checked by Club Registrar

CLUB LAST
REGISTERED

YEAR

AGE GROUP

JUNIOR (5 – 19)

SENIORS (19+)

STUDENTS (19+)

All registered players will be entitled to claim loss of wages irrespective of their age or classification under the accident support scheme

SECTION 3

APPLICANT DECLARATION

I, the undersigned, hereby apply to register myself, or the above named minor with S.D.S.F.A.Inc. I agree, in either case to be bound by their Rules, By-laws and Articles of Association being in force from time to time.

I declare that the above person;

1. is not under suspension or has any unresolved matters with any sporting organization.
2. is not contracted or signed with any other Club this season.
3. is duly qualified to register and act in the above capacity in accordance with the S.D.S.F.A.Inc. By-laws.
4. has no monies, dues or property owing to any other Club or Association.
5. or their agent in completing this form has done so truthfully and all details are correct.
6. is not an ineligible person as defined by the S.D.S.F.A.Inc. By-laws, and agree that any false information provided will incur an automatic FIVE YEAR BAN from participating in any S.D.S.F.A.Inc. activity
7. I do NOT wish to receive email correspondence from S.D.F.A. Inc.

In signing this Registration Form I agree to the use of my (or the junior player's) image for the use of promotion and marketing of Football NSW, Southern District Soccer Football Association Inc or their appointed agents.

I have read and understood the information contained in the ASP Football NSW (insurance brochure).

TICK FOR NO PHOTO

Signature of Applicant, Parent or Legally

Appointed Guardian.

Date

(IF THE APPLICANT HAS NOT REACHED THE AGE OF 18 YEARS AT THE TIME OF SIGNING THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN)

SECTION 4

DECLARATION BY CLUB REGISTRAR/SECRETARY

I, hereby certify that I have sighted an original license / passport / birth certificate or other satisfactory proof of age and identity and verify the signature of the applicant. As far as I can ascertain the information given herein is correct. For **New applicants** photocopy of the original identification document is to be attached to this form.

Signature of Club Registrar / Secretary

Date