



“ Looking to the Future ”

# Tea Tree Gully City Soccer Club Inc.

GOLDEN GROVE SPORTS AND SOCIAL CLUB & GOLDEN GROVE SOCCER CLUB

P.O. BOX 294, ST. AGNES S.A., 5097

CONFIDENTIAL REGISTRATION FORM

Season: \_\_\_\_\_

**Family Information:** PARENT/GUARDIANS NAMED BELOW ARE MEMBERS OF THE CLUB AND ARE ENTITLED TO PARTICIPATE IN MANAGEMENT ACTIVITIES

(Please Print and complete all Details)

MOTHER / GUARDIAN: SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FATHER / GUARDIAN: SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Do you have any coaching or official qualification?  YES /  NO If yes, at what level? \_\_\_\_\_

Are you interested in becoming a Coach, Team Manager or Club Committee Member? (PLEASE CIRCLE IF INTERESTED)

**Alternate Emergency Contact:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT IF REQUIRED:  YES /  NO PARENTS SIGNATURE: \_\_\_\_\_

**Player Information:**

**Child Name** SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_  BOY /  GIRL

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on the 1<sup>st</sup> of January: \_\_\_\_\_ years

Did you play for Tea Tree Gully City Soccer Club last year?  YES /  NO Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

If no, have you ever previously played for an Elizabeth & Districts Junior Soccer Assoc. Club?  YES /  NO If yes, which year? \_\_\_\_\_

Club Name? \_\_\_\_\_

Please List: Child Medical conditions / Learning difficulties: \_\_\_\_\_

Glasses worn while playing?  YES /  NO

**Parent / Guardian Declaration:**

IN CONSIDERATION OF MY CHILD ATTENDING TEA TREE GULLY CITY SOCCER CLUB, I CONSENT TO THE FOLLOWING (Please tick each box below)

- My child being photographed and/or videoed at any E.D.J.S.A. sanctioned event. Such photos or videos taken can be utilized for training purposes; official Club / E.D.J.S.A. publications; utilized on the club website.
- Any medical information provided, and this registration form to be kept on file by this Club and E.D.J.S.A.
- My Child receiving mail-outs from this Club.
- The terms and conditions of registration, as well as the T.T.G.C.S.C. Code of Conduct, as set down by this club.
- The above named player has my permission to play for Tea Tree Gully City Soccer Club.

Date: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_

**Payment Details:**

Amount Paid: \_\_\_\_\_  CHEQUE /  CASH Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Deposit: \_\_\_\_\_  CHEQUE /  CASH Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_