



TEA TREE GULLY CITY SOCCER CLUB, P.O. BOX 294, ST.AGNES, SA. 5097.

CONFIDENTIAL REGISTRATION FORM

SEASON \_\_\_\_\_

PLAYER'S NAME: Surname: \_\_\_\_\_ First: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE ON THE 1<sup>ST</sup> JANUARY \_\_\_\_\_  
 Did you play for TTGCSC last year? Y / N TEAM NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
 If no, have you previously played for E&D Junior Soccer Assoc.? YES / NO Year: \_\_\_\_\_ Club: \_\_\_\_\_  
 Medical Conditions: (please specify) \_\_\_\_\_  
 Glasses worn when playing? Y / N (If y, please provide medical certificate) \_\_\_\_\_  
 PREFERRED TEAM / POSITION: \_\_\_\_\_

PARENT NAME: Surname: \_\_\_\_\_ First: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 CONTACT: PHONE: \_\_\_\_\_ MOBILE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 PARENT NAME: Surname: \_\_\_\_\_ First: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 CONTACT: PHONE: \_\_\_\_\_ MOBILE \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 Do you have any coaching or official qualifications? Y / N \_\_\_\_\_  
 Are you interested in being a Coach, Team Manager or Club Committee Member? Y / N \_\_\_\_\_  
 ALTERNATIVE EMERGENCY CONTACT: \_\_\_\_\_  
 PERMISSION TO SEEK EMERGENCY MEDICAL TREATMENT IF NECESSARY. Y / N SIGNATURE \_\_\_\_\_

IN CONSIDERATION OF MY CHILD ATTENDING TTGCSC, I CONSENT TO THE FOLLOWING (PLEASE TICK)

- My child being photographed and/or videoed at any EDJSA sanctioned event. Such photos or videos taken can be used for: training purposes, official Club/EDJSA publications, club website
- All relevant medical information being provided, and this registration form to be kept on file by this club and EDJSA.
- My child receiving mailouts from this club
- Abiding by the terms and conditions of registration, as well as the TTGCSC 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

**REGISTRAR TO COMPLETE**

PLAYER'S NAME:

ADDRESS:

DATE OF BIRTH:

CONTACT NUMBERS:

PARENTS' NAMES, CONTACTS:

MEDICAL CONDITIONS:

GLASSES WORN:

EMAIL CONTACT ADDRESS:

RE-REG			
TRANSFER			
AGE GROUP			
TEAM			
DATE	RECEIPT	PAID	BALANCE