



North Canberra Futsal

Individual Player Registration Form - 2011/12



This form must be completed by every player intending to compete in a North Canberra Futsal organised competition in 2011-12 and signed by their parent or guardian.

Given Name: _____ Surname: _____

Street Address: _____ Suburb: _____

Post Code: _____ Phone (AH): _____ Phone (BH): _____

Mobile: (_____) _____ FAX: _____ D.O.B.: _____

Email address: _____ Sex (male / female): _____

Did you play at NCF during last season (yes / no): _____ If yes, in which team and age group: _____

Mother's Name: _____ Father's Name: _____

Mother or Father's email address: _____

2011-12 Competition Nomination

Please note: Individual players can **NOT** register to play for more than one futsal team at the North Canberra Futsal club! Players can only play in **one** team. In addition, players registering to play at the North Canberra Futsal club this season can **NOT** also be registered to play futsal at the South Canberra Futsal club.

2011-12 Nominated Team:

Team Name: _____ Division / Age Group: _____

EVERY PLAYER AND THEIR PARENT AND/OR GUARDIAN MUST SIGN THIS REGISTRATION FORM

I have read, fully understand and agree to abide by the registration and participation requirements of North Canberra Futsal. I understand that I may be required to provide 'proof of Age' authentication to a North Canberra Futsal Official as considered appropriate. I understand that the insurance cover provided by Capital Football - Futsal as a component of my registration is a limited sports insurance policy and is not comprehensive. I acknowledge that North Canberra Futsal recommends and encourages all players to take out additional more comprehensive personal health insurance. I confirm that I will fully abide by the North Canberra Futsal 'Code of Conduct' and that the North Canberra Futsal Management Committee has the right to suspend or expel me or my team in the event of any breach of this 'Code of Conduct'.

Player Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Office use only

Fee Paid: \$ _____ Receipt No: _____ Date Paid: _____

Proof of Age Provided: Y / N _____ ID Number: _____



“ Investing in our Youth through Futsal “

