



Fairfield Bulls Soccer Club Inc.

Po Box 400, BONNYRIGG, NSW 2177



FFA REG. NO.

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	<input type="text"/>	FAMILY NAME	<input type="text"/>			
ADDRESS	<input type="text"/>		DATE OF BIRTH	<input type="text"/>	AGE	<input type="text"/>
SUBURB	<input type="text"/>		POST CODE	<input type="text"/>	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
TELEPHONE (h)	<input type="text"/>	TELEPHONE (w)	<input type="text"/>		MOBILE	<input type="text"/>
EMAIL	<input type="text"/>					
Father	<input type="text"/>	MOBILE	<input type="text"/>			
Mother	<input type="text"/>	MOBILE	<input type="text"/>			

SECTION 2 PLAYER/MANAGER/COACH DETAILS

FORM OF ID PROVIDED	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current Driver's License	<input type="checkbox"/> Current Passport	<input type="checkbox"/> Australian Travel Visa	
CLUB LAST REGISTERED	<input type="text"/>	YEAR	<input type="text"/>	AGE GROUP	<input type="text"/>
	<input type="checkbox"/> JUNIOR (5-18)	<input type="checkbox"/> SENIOR (19+)	<input type="checkbox"/> STUDENT (19+)		

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

SECTION 3 APPLICANT DECLARATION

I, the undersigned, hereby apply to register myself, or the above named minor with SDSFA Inc. I agree, in either case to be bound by their Rules, By-laws and Constitution 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 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 SDSFA Inc. By-laws.
4. Has no monies, dues or property owing to any other Club or Association or their agent.
5. In completing this form has done so truthfully and all details are correct.
6. Is not an ineligible person as defined by the SDSFA Inc. By-laws, and agree that any false information provided will incur an automatic FIVE YEAR BAN from participating in any SDSFA Inc. activity.

7. I do NOT wish to receive email correspondence from SDSFA 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 Districts Soccer Football Association Inc. or their appointed agents.

Signature of Applicant, Parent or Legally Appointed Guardian

Date

SECTION 4 DECLARATION BY CLUB REGISTRAR/SECRETARY

I, hereby certify that I have sighted an original licence/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.

New applicants

Signature of Club Registrar / Secretary

Date