

SWANSEA FOOTBALL CLUB Inc.

Est 1950

Address all correspondence
to The Secretary
P.O. Box 239
Swansea NSW 2281

2010 REGISTRATION FORM

| | |
|---|---|
| SURNAME: _____ | GIVEN NAME: _____ |
| ADDRESS: _____ | SUBURB: _____ P/CODE: _____ |
| HOME PH: _____ | WORK PH: _____ MOBILE: _____ |
| EMAIL ADDRESS: _____ | |
| M/F: ____ | DATE OF BIRTH: _____ AGE (This Year): _____ FFA No: _____ |
| PARENTS NAMES: _____ | |
| PARENTS OCCUPATION: _____ | |
| LAST CLUB PLAYED FOR: _____ | |
| AGE DIV: _____ | YEAR: _____ |
| New Players Only: BIRTH CERTIFICATE SIGHTED YES / NO Club Officials Signature _____ | |

MEDICAL HISTORY

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITIONS OR DISABILITIES THAT THE CLUB SHOULD KNOW ABOUT: YES/NO PLEASE SPECIFY _____

PHOTOS

AT TIMES THE CLUB WILL USE PHOTOS ON OUR CLUB WEBSITE. IF YOU DO NOT AGREE TO THIS PLEASE SIGN BELOW - IF NOT SIGNED IT IS TAKEN THAT YOU AGREE.

I do not want photos of myself or child placed on the Club Web Page _____

| | | |
|----------------------------------|--------------------|-------------------|
| DEPOSIT TAKEN / FULL AMOUNT PAID | AMOUNT PAID: _____ | RECEIPT No: _____ |
| CLUB OFFICIALS SIGNATURE _____ | | |

ARE YOU REGISTERING FOR A JUNIOR FEMALE TEAM ____, ARE YOU REGISTERING FOR AA W TEAM ____

ARE YOU REGISTERING FOR ID 1st DIVISION TEAMS ____, ARE YOU REGISTERING FOR O/35's TEAM ____

PARENT / GUARDIAN / APPLICANT (full name) _____

I being the Parent/Guardian of the above-mentioned applicant/above mentioned applicant hereby consent to him/her/myself becoming a junior/senior player of Swansea Football Club Inc. I accept FULL responsibility of his/her/my own conduct and welfare while participating in any of the Clubs activities and also abide by SWANSEA FOOTBALL CLUB Inc. RULES and the Macquarie Football Limited rules. ** PLEASE DELETE IRRELEVANT INFORMATION **

SIGNED _____ DATE _____