

**Sutherland Shire Football Association Inc**  
APPLICATION TO REGISTER  
 WITH

SA04

**S.S.F.A. Inc and Bundeena Maianbar Soccer Club**

An Application must be completed in person by the player or, if under the age of 18 on the day of registration, by the players guardian or carer, and signed in the presence of a Club Registrar, President, Vice President or Secretary.

**PRIVACY STATEMENT:** The information provided will be used for Association and Club registrations only and will not be used for any other purpose without the permission of the player or parent.

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER : \_\_\_\_\_ Are you Aboriginal or Torres Strait Islander ? YES / NO

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

CONTACTS - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Do you wish to receive information by email ? **Yes / No**

Please circle your reply, where applicable, to the following questions.

1. **Did you register to play with a Sutherland Assoc Team last year:** Yes / No  
 If 'YES' - Club: ..... Age/ Grd: ..... **If YES GO TO QUESTIONS 5 & 6**

2. **IF NOT LAST YEAR HAVE YOU EVER PLAYED WITH A SUTHERLAND ASSOC. CLUB** Yes / No  
 If 'YES' - Club: ..... Last year played ..... Age/ Grd: .....  
 If 'NO' - See SPECIAL NOTE below

**SPECIAL NOTE:** If you have never been registered to play with a Sutherland Association Club you will need to produce the original of proof of birth date and, original of current Shire residency, before registration can be accepted.

3. **HAVE YOU EVER PLAYED COMPETITION OR ROO BALL FOOTBALL BEFORE** Yes / No  
 If 'YES' - ANSWER ALL QUESTIONS 4, 5A, 5B AND 6  
 If 'NO' - GO TO QUESTION 6

4. **IF YES TO (3) SHOW DETAILS OF THE LAST YEAR YOU PLAYED** Last year you played football .....  
 Club..... Association..... Age/ Grd: .....

5A. **ARE YOU CURRENTLY UNDER SUSPENSION OR IN DEFAULT WITH ANY FOOTBALL CLUB OR ASSOCIATION** Yes / No  
 5B. **ARE YOU REGISTERED WITH OR UNDER CONTRACT TO ANY FOOTBALL CLUB OR ASSOCIATION** Yes / No  
 If 'YES' to 5A OR 5B a written clearance will be required from that Club or Association.

6. **ARE YOU (the player) A FULL TIME STUDENT (18 years of age and older)** Yes / No  
 A reply of YES would qualify you for a student concession rate for players injury insurance, but NOT a loss of wages benefit for football injuries.

**DECLARATION:** I, the undersigned declare that the information provided above is correct in every detail and acknowledge that my Registration may be refused or cancelled if the information is found to be false or misleading. I agree to abide by the Constitution, Rules and Codes of Conduct of the Association and the Club.

**Players Signature:** \_\_\_\_\_ **AND** Parent, Guardian or Carer (For ALL players Under 18) \_\_\_\_\_  
 (For ALL Players in Under 13 and Older) **Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Club Witness to Signatures.....

ASSOC I.D. No:  Age/ Grd:  Receipt No:

FFA I.D. No:

**CLUB USE - FOR NEW PLAYERS ONLY**

Signature of Club Rep / M.C. Member

**Proof of Birth Sighted**  **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Signed:** \_\_\_\_\_