

# Gawler Eagles Registration Form Season 2019



## **Player Information (Please Print Legibly)**

Surname \_\_\_\_\_ Given Names \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Intended age group for 2019 \_\_\_\_\_  
Age Group/Division played in 2018 \_\_\_\_\_ Preferred Position 1. \_\_\_\_\_  
2. \_\_\_\_\_

## **New Player Information Only**

Did you play for another FFSA Club last season? **Yes/No** If Yes, which Club?  
\_\_\_\_\_

## **Family Information**

Parent/Guardian named below are members of the Club and are entitled to participate in management activities.

Parent/Guardian Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Contact Address \_\_\_\_\_ P/Code \_\_\_\_\_  
Occupation (optional) \_\_\_\_\_  
Mobile \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
**In what areas of the club are you able to assist?** Sponsorship \_\_\_\_\_ Volunteer \_\_\_\_\_  
**Other** \_\_\_\_\_

## **Parent/Guardian Declaration (if player is under 18 years of age)**

I have read and agree to the terms and conditions of the as set down by the Gawler Eagles FC.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

## **PLAYER MEDICAL CONDITIONS**

LIST MEDICAL CONDITION: (i.e. asthma) \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

PRIOR SPORTING INJURIES: \_\_\_\_\_

## **EMERGENCY CONTACT DETAILS:**

PRIMARY CONTACT (NAME): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

**Do you consent to you (or your child's) photos being used for club promotional purposes? Yes/No**