

Gawler Eagles Registration Form Season 2020



Player Information (Please Print Legibly)

Surname _____ Given Names _____
Date of Birth ____/____/____ Intended age group for 2020 _____
Age Group/Division played in 2019 _____ 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