



2012/13 REGISTRATION OF FUTSAL PLAYER

Club Name: SWAN HILL

Player Details:

First Name	
Middle Name	
Surname	
Address	
	Post Code:
Home Ph	
Business Ph	
Mobile	
Email	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	
Nationality	
FFA Number (if known)	

Parental Consent (Juniors)

1. Medical Treatment: I consent to the Player receiving any medical treatment that the Swan Hill Soccer League (SHSL) reasonably considers necessary or desirable for me during my participation in the competition.
2. Right to Use Image: I acknowledge and consent to photographs and electronic images being taken of the Player during his/her participation in the SHSL Competition. I acknowledge and agree that such photographs and electronic images are owned by the SHSL and that the SHSL may use the photographs for promotional or other purposes without my further consent being necessary. Further, I consent to the SHSL using my name, image, likeness and also the Player's performance in the Program, at any time, by any form of media, to promote the SHSL and its Competitions.

Signed (Parent/Guardian): _____ Date: ____ / ____ / 2012

Completed Forms with payment can be left at
Brock at SportsFirst Swan Hill.

~~\$60~~ Registration (includes insurance) and \$8 payable each week