

SOUTH AUSTRALIAN WOMEN'S FOOTBALL LEAGUE SUMMER TRAINING SQUAD



PLAYER REGISTRATION FORM

Given Names:		Surname:	
Date of Birth*: / /		*NOTE: You must be aged 17 years or older as at 1 st January 2015 to register. Players under 18 years of age at the time of registration must have this registration form signed by a legal parent/guardian (refer to "Parent/Guardian Consent")	
Height: cm	Weight: kg	Current Club (if applicable):	
Address:		Suburb:	P/Code:
Mobile:		Home Phone:	
Email Address:			
Current Positions:		Preferred Positions:	
Playing Experience:			
Emergency Contact Name:		Emergency Phone Number:	
Do you consent to receiving medical treatment if required? Y / N			
Existing medical conditions/ allergies/sports injuries: Y / N		If yes, please explain:	
Medication or treatment required for the above:			
Do you have any work, study, sport or other commitments over Summer? Y / N			
If yes, what days/times are you committed to:			

CONDITIONS OF REGISTRATION

By signing this Registration form, I hereby:

- (a) Apply for registration as a player with the South Australian Women's Football League's 'Summer Training Squad'.
- (b) Agree that I am bound by the rules, by-laws, code of conduct and policies of the South Australian Women's Football League (SAWFL) as amended from time to time (available to view at www.sawfl.org.au)
- (c) Acknowledge that my failure to adhere to the SAWFL rules, by-laws, code of conduct and policies may result in suspension and / or expulsion from the SAWFL Summer Training Squad.
- (h) Give the AFL, South Australian Amateur Football League (SAAFL) and SAWFL permission to use photographs and/or images of my participation in the SAWFL Summer Training Squad for any promotional, media or marketing purposes.
- (i) Give the AFL, SAAFL or SAWFL permission to provide the information contained herein to third parties at its discretion.
- (j) Declare that the information set out in this form is true, complete and accurate in every respect.

PLEASE TURN OVER

SOUTH AUSTRALIAN WOMEN'S FOOTBALL LEAGUE SUMMER TRAINING SQUAD



PLAYER REGISTRATION (IF 18 YEAR & OVER)

By signing this form I acknowledge that I have read the conditions of registration printed on this form and I agree that I am bound by those conditions.

Print Name

Signature

Date

PARENT/GUARDIAN CONSENT (IF UNDER 18 YEARS)

By signing this form I indicate that I understand and agree to the rules and conditions that the SAWFL has in place during the time that my child is participating

Name of Parent/Guardian

Signature of Parent/Guardian

Date

SUBMIT FORM TO

Email: caitlin@saawl.asn.au

Fax: (08) 8443 8222

Post: 1a Meyer Street, Torrensville SA 5031

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www.facebook.com/groups/sawflSTS