SUTHERLANDS PARK FOOTBALL CLUB APPLICATION FORM 2015

PLAYER NAME_____ _____ __MALE/FEMALE

NEW PLAYER **YES / NO** TRANSFERING FROMOTHER CLUB **YES / NO**

FOOTBALLWEST APPLICATION DONE **YES / NO** PHOTO NEEDED -12 YEARS ONWARD **YES / NO**

DATE OF BIRTH_____ BIRTH CERTIFICATE SIGHTED **YES / NO**

ADDRESS _____

HOME PHONE/MOBILE _____

EMAIL (PRINT CLEARLY)_____

MEDICAL CONDITIONS_____

TEAM/COACH (e.g.: U13's) _____

PARENT/PLAYER POSITION **PLEASE CIRCLE POSITION YOU WOULD LIKE TO VOLUNTEER FOR**

COMMITTEE/ REFEREE / COACH /TEAM MANAGER /CANTEEN /FUNDRAISING /UNIFORMS /PITCH MARKING / LINES PERSON/ GROUND OFFICIAL

ALL FAMILIES MUST COMMIT TO HELP IN THE RUNNING OF THE CLUB

ALL PLAYERS AND PARENTS MUST FOLLOW THE CLUB CODE OF CONDUCT

SUTHERLANDS PARK SOCCER CLUB RESERVES THE RIGHT TO REFUSE OR CANCEL AT ANYTIME, THIS APPLICATION/MEMBERSHIP

PAYMENT MUST BE RECEIVED IN FULL FOR THE APPLICATION TO BE REGISTERED WITH FOOTBALLWEST AND FOR YOU/OR YOUR CHILD TO PLAY WITH OUR CLUB.

WESTPAC BANK GOSNELLS BSB NO. 036-039 Account no. 253763 PLEASE USE PLAYERS NAME FOR YOUR REFERENCE WHEN PAYING ONLINE SO WE CAN MATCH PAYMENT TO REGISTRATION INFO.

I HAVE RECEIVED AND READ THE CLUB CODE OF CONDUCT AND THE INFORMATION ABOVE AND UNDERSTAND THE CONDITIONS OF THS APPLICATION

PARENT NAME (IF PLAYER UNDER 18 YO)_____

PLAYER/PARENT SIGNATURE._____

OFFICE USE ONLY

Amount Paid $ _____ **FFA #_____**

Date: _____

Our Receipt No. _____ **F/W Receipt #_____**