



**CONFIDENTIAL Rivers Baptist Soccer Registration Form - 2018**

**Player Details**

Title \_\_\_\_\_ First Name \_\_\_\_\_  
Middle name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Birth Certificate sighted Y N (Office use only)  
Male / Female \_\_\_\_\_ Student / Non Student \_\_\_\_\_  
Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_  
Aboriginal or Torres Strait Islander ( Y / N )

**Medical Notes**

Medicare Number \_\_\_\_\_  
Private Health Insurance membership details? (If applicable)  
\_\_\_\_\_

Will your child take any medication during the season? ( Y / N ) If yes, please specify:  
\_\_\_\_\_

Has your child been taken off medication recently? ( Y / N )  
If yes, please specify \_\_\_\_\_

Can your child be given paracetamol (Panadol) as a pain killer? ( Y / N )

In what year was your child's last tetanus injection? \_\_\_\_\_

Has your child previously broken/fractured any bones?  
If yes, please specify \_\_\_\_\_

Please circle if your child has any of the listed conditions, giving details where necessary.

Asthma ....Diabetes....Epilepsy.....Fits/Convulsions.....Allergy – Food

Allergy – Other .....Other Illness \_\_\_\_\_

If you circled any of the above boxes, please provide further details below:

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Are there any conditions that require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behavioural issues, formal counselling situations, or any other  
Please list below.

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**Address Details**

Street and suburb\_\_\_\_\_

Post Code\_\_\_\_\_

Phone Number\_\_\_\_\_

Mobile Number\_\_\_\_\_

Main Email address\_\_\_\_\_

Receive club emails, ( Y / N )

Receive Team emails, ( Y / N )

2<sup>nd</sup> email address\_\_\_\_\_

**Emergency contact**

First name\_\_\_\_\_

Last name\_\_\_\_\_

Phone number\_\_\_\_\_

Mobile number\_\_\_\_\_

**Uniform – Office use only**

Shirt size\_\_\_\_\_ Short size\_\_\_\_\_

Socks\_\_\_\_\_ Supporter shirt/s size (*optional*)\_\_\_\_\_

**Parents/Guardian details (if under 18 years)**

Title \_\_\_\_\_

First Parents Name \_\_\_\_\_ (M / F)

Home Phone number \_\_\_\_\_

Work number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_ Receive club emails (Y / N)

Title \_\_\_\_\_

2<sup>nd</sup> Parents Name \_\_\_\_\_ (M / F)

Home Phone number \_\_\_\_\_

Work number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_ Receive club emails (Y / N)

**General**

School \_\_\_\_\_ School year \_\_\_\_\_

Church you attend (if any) \_\_\_\_\_

**Team Information**

Have you played for Rivers before? ( Y / N ) , Name of team or age group \_\_\_\_\_

2018 request (Please name 3 players — not a whole team — you would like to be with. We will try to meet all requests)

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**Parent / Guardian / Player Agreement - 2018 Rivers Baptist Church Soccer Club**

In allowing your child to play at Rivers Baptist Soccer Club, you consent to their participation in a range of sporting and recreational activities. Are there any activities that you do not wish your child to participate in? ( Y / N )

If yes, please specify:

**PHOTOS/VIDEOS**

Do you consent for photos and/or videos to be taken of your son/daughter to be used for internal club purposes, the club's website and Facebook page? ( Y / N )

IN CONSIDERATION of the Rivers Baptist CSC facilities provided by you for our child, we hereby absolutely release Rivers Baptist CSC, the QCSA, QBSA and its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss of or damage to personal property that we or the child may suffer or sustain in the course of the season provided and we hereby indemnify and agree to keep indemnified you, Rivers Baptist CSC, QCSA, QBSA and your employees, agents and voluntary helpers against all claims whatsoever by us or the child or by any person claiming through us or through the child or on behalf of the child in any way arising, and discharge may be pleased in bar to any such claim.

PROVIDED that the above does not apply to any claim or any claim to the extent Rivers Baptist CSC is indemnified by a policy of insurance issued by a solvent insurer and,

WE FURTHER AGREE that in the event of injury to or child, you are authorised by us to obtain at our expense. Any medical, ambulance or like services, which you in your absolute discretion think necessary or desirable.

Signature of Parent/s or Guardian/s unless Player is over 18.  
If over 18 please sign below in section 1.

1. \_\_\_\_\_  
Print Name of Father/Guardian/Player

\_\_\_\_\_  
Signature of Father/Guardian/Player

Date \_\_\_\_\_

2. \_\_\_\_\_  
Print Name of Mother/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

Date \_\_\_\_\_

**Office Use only**

Registration fee	\$205
Discount for Get Started voucher	
Family discount \$10 per player for 3 or more players (with no other discount)	
Sock order (\$0 for new players, \$10 for returning players)	
Short order (\$0 for new players, \$30 for returning players)	
Supporter shirt/s \$30 each (optional)	
Hats for supporters (\$10, new players receive a free hat)	
Total	