



APPLICATION TO REGISTER (Nursery Squad) Season _____

WITH

ENGADINE EAGLES SOCCER CLUB

PRIVACY STATEMENT: *The information provided will be used for Club registrations only and will not be used for any other purpose without the permission of the parent.*

PLAYERS SURNAME

GIVEN NAME

DATE OF BIRTH

GENDER

ADDRESS

SUBURB POSTCODE

TELEPHONE: Home Work Mobile.....

EMAIL ADDRESS

1. DID YOU REGISTER TO PLAY EAGLES NURSERY SQUAD LAST YEAR?	YES	NO
2. DO YOU WISH TO ASSIST WITH THE RUNNING OF THE NURSERY SQUAD	YES	NO

BEWARE THERE IS NO INSURANCE FOR INJURIES DURING NURSERY SQUAD TRAINING

PLAY AT YOUR OWN RISK. *By signing the below declaration, I agree to the following:*

*I am a parent of a player and agree to the terms of this **risk provision** on behalf of my child and I assume any and all risks and make any and all waivers on my child's behalf. I understand and acknowledge the risks involved in playing football and agree that I am solely responsible and liable for all costs associated with or arising out of any and all injuries that your child may incur or sustain while playing in or practicing for any games. I waive any and all claims for injuries that my child may incur or sustain. I represent that I have medical insurance or am financially able to pay for medical bills arising out of any injury that I may sustain in connection with playing in the Nursery Squad at Engadine Eagles Soccer Club.*

DECLARATION *I, the undersigned declare that the information provided above is correct in every detail and acknowledge that my Registration may be refused or cancelled if the information is found to be false or misleading. I agree to abide by the Constitution, Rules and Codes of Conduct of the Association and the Club.*

Parents Signature
Parent, Guardian or Carer

Print Name

Club Witness to SignaturesDATE / /