



**VICTORIAN CHURCHES SOCCER ASSOCIATION INC.
JUNIOR PLAYER'S REGISTRATION FORM 2010**

As a part of the registration process each registering player or parent/guardian is required to acknowledge the association's statement of purpose. They do this by reading these statements and by signing this registration form.

- To bring glory to God through participation in a church oriented soccer competition organised for Saturday play.
- To promote Christian friendship between players, officials, and supporters of participating teams.
- To foster the development of soccer skills and the understanding that it is of paramount importance that all games be played in the best spirit of Christian sportsmanship.

I, the Parent/Guardian of the here named player declare the following:

1. this registration information is correct;
2. I will abide by the Association's rules and regulations, which affect players; and
3. I am aware of the conditions of the Association's insurance policy, and will, if necessary, supply any relevant information to the appropriate official of the Association who may request such from me.

_____, _____ / ____ / 2010
Parent/Guardian's Name and Signature Date



ELTHAM EAGLES SOCCER CLUB - JUNIOR Registration Form – 2010

(Department of Yarra Plenty Church) ABN 179 508 907 88

Player Christian Name: _____

Surname: _____

Address: _____, _____ VIC 3_____

Contact Numbers: Hm: _____, **Mob:** _____

Date of Birth: ____ / ____ / ____

Team (Pls tick): Goal Kick U8 U9 U10 U11 U12
(Grades by calendar year, age as at 31/12/2009) U13 U14 U15 U16 U17
 2009 teams are used as a base to forming 2010 teams. Any requests should be made to EESC committee.

e mail Address (please print) _____

Father's Name: _____ **Mother's Name:** _____

If a member of a local church, which one: _____ (not a membership pre-requisite)

Yes, I am happy to receive YPC and related community information, news and events.

EESC - ADMINISTRATION USE ONLY		Credit Card Payer Details	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card >		Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard	
Date Rec'd:	Receipt #:	C/Cardholder name:	
Signed by:		Card No: ____ / ____ / ____ / ____	
Club Position:		Expiry: __ / __ Signature: _____	
Paid \$50 Pre Rego for 10% d/c ?	Jnr \$185 & GK \$95	Amount: \$ _____	
Agree to terms & cond's.	Current member Y/N	Discount type if applicable.	

Forward entire form, including indemnity & medical form and payment to EESC Junior Registrar, 8 Colric Place, Eltham, VIC 3095. Ph 9439 4902 or email: eesc.jnr.registrar@ypc.org.au



ELTHAM EAGLES SOCCER CLUB - JUNIORS Medical & Indemnity Form - 2010

The coaches, referees and club officials make every effort to ensure that your child can enjoy the sport of their choice in safe conditions. Sometimes, however, accidents occur or a child may fall ill. In the event of an injury or illness occurring while your child is playing soccer, reasonable effort will be made to contact you first. Where we cannot contact you then every effort will be made to ensure that your child has appropriate medical care.

I, _____ (name of parent or guardian) authorise the coach or manager of the Eltham Eagles Soccer Club 'Under _____' to obtain any or all medical assistance for _____ (name of child) in the event of injury or illness. This assistance can include transfer to a doctor's surgery or hospital.

I understand that every reasonable effort will be made to contact me (or the nominated) prior to any action being taken except for immediate first aid, but where I cannot be contacted I/ we understand that all efforts to obtain appropriate medical assistance will be made.

Allergies: _____

Emergency Treatment: _____

Existing Medical Conditions: _____

Medicare No.: _____ **Ambulance Membership:** _____

Health Fund (if applicable): _____

Doctor's Name & Contact No.: _____

In an emergency if I / we cannot be contacted according to the 'Registration Contact Details', please phone /advise:

Name: _____ Phone: _____

Relationship: _____ Address: _____

Insurance claims should be made within 30 days with Oamps/Laser Insurance (see your manager or web site)

Privacy Policy

The Eltham Eagles Soccer Club respects and upholds the rights of individuals to privacy in relation to their personal information. Information derived from this registration and 'Indemnity Form' will only be used for the purposes expressed. Any personal information disclosed will be kept confidential by the EESC and will not be disclosed to external third parties. EESC compiles a Club phone directory, including registrants name and address for distribution to Coaches, Team Managers, Club Committee and Team members. I give my expressed permission to have my details included on the directory. Please tick Box.

Forward entire form, including registration form and payment to EESC Junior Registrar, 8 Colric Place , Eltham, VIC 3095. Ph 9439 4902 or email: eesc.jnr.registrar@ypc.org.au