



**VICTORIAN CHURCHES SOCCER ASSOCIATION INC.  
SENIOR & WOMENS PLAYER 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  
*Player's Name and Signature* *Date*



**ELTHAM EAGLES SOCCER CLUB - SENIOR & Womens Regist'n 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**e mail Address (please print)** \_\_\_\_\_

**Team (Pls tick):**     **Senior Men**     **Senior Women**

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 ?	Snr \$310 & Stud't \$185	Amount: \$ _____
Agree to terms & cond's.	Current member Y/N	Discount type if applicable.

Forward entire form, including indemnity & medical form and payment to  
 67 Leane Drive, Eltham, VIC 3095, (ph Steve 9431 5301) or email: [eesc.snr.registrar@ypc.org.au](mailto:eesc.snr.registrar@ypc.org.au)



## ELTHAM EAGLES SOCCER CLUB - SENIORS Medical & Indemnity Form - 2010

The coaches, referees and club officials make every effort to ensure that you can enjoy the sport of your choice in safe conditions. Sometimes, however, accidents occur or a player may fall ill. In the event of an injury or illness occurring while you are playing soccer, every reasonable effort will be made to consult you first. Where the club is unable to obtain your consent, then every effort will be made to ensure that you have the appropriate medical care.

I, \_\_\_\_\_ (*name of senior player*) authorise the coach or manager of the Eltham Eagles Soccer Club senior team to obtain any or all medical assistance for me 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 obtain my consent prior to any action being taken except for immediate first aid, but where my consent cannot be obtained, I 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 and payment to  
67 Leane Drive, Eltham, VIC 3095, (ph Steve 9431 5301) or email: [eesc.snr.registrar@ypc.org.au](mailto:eesc.snr.registrar@ypc.org.au)