



Under18    Reserves    First Team

Please complete form before commencing any trial sessions, hand to registering officer at your first session - (1 per player).

**Trials HELD at Ferryden Park Reserve, Perth St. Ferryden Park.**

U5  U6  U7  U8  U9  U10  U11  U12  U13  U14  U15  U16  U17

## Player Registration Form

### PLAYER DETAILS – (Please print clearly)

Full Name:

D.O.B:   -   -     Age:  Sex:  M:

Email:

**Medical Details** – Please **tick** if your child suffers from any of the following:

- Allergies    Asthma    Back Problems    Blood Disorders    Diabetes    Dizzy Spells  
 Epilepsy    Fainting    Heart Condition    Muscular Disorders

Please list any other medical information we may need to know or any medication currently taking:

### PLAYER FOOTBALL DETAILS

(Complete if still at School)

Previous Club:           School:

Last League:  JPL,  JSL,  MiniRoos, Other      FFSA No:

### PARENT/GUARDIAN DETAILS - (Please print clearly)

1<sup>st</sup> Contact:           2<sup>nd</sup> Contact:

Mobile 1:           Mobile 2:

Preferred Email:

Occupation:

Suburb Live:

**How did you hear about us?**

**Are you a Business Owner: Y / N**

Adelaide Olympic Football Club accepts no responsibility for any costs incurred from injuries. Claims and injury reports should be made to FFSA. We recommend and advise that players have private medical insurance and ambulance cover. In the event of any emergency should the Club be unable to contact any of the above numbers, I Parent/Guardian give consent for the Club to obtain the necessary emergency treatment. Consent is also given to use my child's image on the club website or on any other promotional material or social media sites relating to the club or sport. I agree to abide by the rules and regulations of the Adelaide Olympic Football Club & FFSA Respect Code of Conduct and any other rules listed in the Player welcome pack.

**Date:**   -   -

**Signature of Parent/ Guardian:** (1)

(2)

#### PAYMENT DETAILS

#### OFFICE USE ONLY

#### KIT INFORMATION

Fees: \$..... Date Paid: ...../...../.....

Merchandise: \$.....Item .....

Discounts \$.....Why .....

**TOTAL DUE:** \$.....**Club official received \$ Print name**

Amount Paid: \$.....

**BALANCE \$**.....  Player added to Team List

**Method of Payment:** Cash, Cheque, EFT, **RECEIPT NUMBER:**

#### SIZES

Top – H..... C/T .....

Shorts – H..... C/T .....

Socks – H..... C/T .....

Bag  Ball  Hoodie  Bottle

Other