14674

VIKINGS FUTSAL ASSOCIATION ABN 48 602 811 944

PLEASE USE CAPITAL LETTERS IN BLACK OR BLUE PEN ONLY

FIRST NAME

SURNAME

UNIT NUMBER

STREET NUMBER

STREET NAME

SUBURB

STATE

POSTCODE

MALE ☐ FEMALE ☐

YOUR MOBILE NUMBER

DATE OF BIRTH DAY / MONTH / YEAR

2nd PHONE NUMBER

EMAIL *FILL IN EMAIL ADDRESS TO RECEIVE MATCH INFORMATION, UPCOMING EVENTS AND VIKINGS NEWSLETTER*

THE FUTSAL CENTRE YOU ARE PLAYING AT

YOUR FUTSAL TEAM NAME

YOUR FUTSAL TEAM CONTACT

YOUR FUTSAL TEAM MANAGER PHONE NUMBER

SCHOOL THAT YOU CURRENTLY ATTEND (IF APPLICABLE)

I have read the players code of behaviour and insurance conditions on the back of this form and agree to their terms.
I agree to allow my son / daughter to join and play - I also have read and understood the insurance and explained Code of Behaviour to the Player.

Name -_____ Signed_____ Date___/___/____ Player or guardian if under 18

OFFICE USE ONLY

DAY / MONTH / YEAR

CASH ☐ CHEQUE ☐ CC / EFT ☐

AMOUNT PAID

INDIV ☐ SEN ☐ JUN ☐ SOCIAL ☐ KINDY ☐ ACAD ☐

KEY RING NUMBER