



South East / West / North (circle one)
Zone Player Registration Form

PRIVACY STATEMENT: The information on this form is being collected to ensure your child's / your participation in QCSA Zone activities is as enjoyable and safe as possible. Provision of your details is voluntary but without this information, your child's / your care may be compromised.
Details provided will be kept strictly confidential, to be accessed only by the Team and Zone management

Please use BLOCK letters

Players Name: _____ **Age Group 2017:** _____

Address: _____

Date of Birth: _____ Email: _____

Contact Number 1: _____ Contact Number 2: _____

Parents / Carers Details: _____

Emergency Contact Number 1: _____ Emergency Contact Number 2: _____

Club Registered With _____

Current Coach Name: _____ Email: _____

(Note: Please get your coaches permission for your Zone coach to contact them.)

MEDICARE Number: _____

Do you suffer from any medical complaints (diabetes, asthma, epilepsy, etc.? Management Plan provided)

YES / NO _____

Do you suffer from any allergies?

YES / NO _____

Are there any other medical issues the Zone should know about?

YES / NO _____

(Please use overleaf if necessary)

Declaration:

- I hereby agree to abide by the rules and codes of behaviour of the QCSA

- I pledge that the information provided is true and correct to my knowledge.

- I understand that if selected, players are expected to attend all training sessions & practice matches organised by the coach & manager of the team. Absence without prior arrangements with the coach may jeopardize the player's position in the team.

- I consent to my child taking part in practices and matches organised by the QCSA Zone and further authorise the coordinators, coaches, and team managers to obtain medical assistance that they may deem necessary should an injury occur and agree to pay all fees incurred on behalf of my child or myself.

Name _____
Parent / Guardian / Player

Signature _____
Parent / Guardian / Player

Date _____