



# Collaroy Cromer Strikers Football Club Inc.

ABN: 53 942 314 848

## PLAYER REGISTRATION FORM 2010



<b>CLUB USE ONLY</b>		REGO #:	
Fee Paid: \$	Cash / Cheque / Credit Card	Receipt No.:	Date:
Age this season:	Reg. Age Group:	Proof of Age: Y / N	Photo: Y / N
Age Group:	Team:	Processed/Entered:	
FFA Registration Form Completed:	Y / N	FFA Registration No:	

### Players Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Players Occupation: \_\_\_\_\_  
 Email: \_\_\_\_\_ Are you a member of Dee Why RSL? Y / N (Please circle)  
 ( Please print E-mail clearly) I would like to receive regular news from the Club via email: Y / N (Please circle)

### Parents / Guardian / Emergency Contact: (One contact is compulsory for all players including Seniors and Over 35's)

Parent/Guardian/Emergency Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Parent/Guardian/Emergency Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Playing History:

Did you play for Collaroy Cromer Strikers Football Club last season? Y / N (Please circle) If **No** please answer the following questions:  
 What was the last club you played for: \_\_\_\_\_ Clearance Letter? Y / N (Please circle)  
 Team / Division: \_\_\_\_\_ Last Year Played: \_\_\_\_\_  
 Have you ever played for CC Strikers Football Club? Y / N (Please circle) If **Yes** in what year did you play? \_\_\_\_\_

### Students:

Are you in full-time study? Y / N (Please circle) If **YES** School / Institution: \_\_\_\_\_  
 If you are over 15 years of age you **MUST** produce documentation from your institution as proof of full-time study to claim the discount. All full-time students over 15 years of age and who are not employed are eligible for a discount of playing fees. If you claim the student discount no insurance cover is provided for loss of wages.

### Volunteers:

We need many willing hands to help run our club as efficiently and enjoyably as possible. Please indicate if you, or someone you know, are willing to assist in any of the following areas:

Team Coach     Team Manager     Committee     Club Functions     Other (Please specify)

### DECLARATION

I, the undersigned, being the applicant (if over 18 years of age) or parent/guardian of the applicant, hereby give permission for the applicant to join Collaroy Cromer Strikers Football Club Inc (the Club) and attend any activity thereof. The applicant agrees to be bound by the rules of the Club, and indemnifies the Club, its officers, members and servants against any claim and compensation for any loss or injury sustained during a Club activity. I hereby declare that I have received the Accident Support Scheme Facts Sheet issued by the Soccer NSW. I understand that the Club's grading committee reserves the right to grade the applicant into a team designated by them. I hereby declare that the information provided in this form is correct and that the applicant is not registered with any other club. I grant the Club the right to obtain medical care for the applicant from any qualified person should the need arise when I am not available/capable to grant authorisation.

Signed: \_\_\_\_\_ Player / Parent / Guardian    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Collaroy Cromer Strikers Football Club are supported by: -

**Mimmo's Pizza EXPRESS**

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 9971 0311    9997 6646    9905 4739  
 20 Aubreen St    1 Pondarosa Pde    642 Pittwater Rd

**RSL CLUB**

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 932 Pittwater Road  
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 PH: (02) 9454 4000

**Complete Care Pharmacy**  
 Wheeler Heights

Nicolas Nicolaou  
 B.Pharm (Hons) MPS

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 Wheeler Heights, NSW 2097  
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