



PLAYER REGISTRATION FORM

1/79-83 Anderson Road, Smeaton Grange, NSW
2567

Tel: 4648 1167

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Mobile: 042 1857380

Email: narellan@allsportsindoor.com.au

SURNAME: _____

GIVEN NAMES: _____ D.O.B: _____

HOME ADDRESS: _____

SUBURB: _____ POST CODE: _____

PHONE: (H) _____ (M) _____ (W) _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

ACTIVE KIDS VOUCHER: _ _ _ _ _

GAME TYPE	DAY OF WEEK	AM/ PM	TEAM NAME

UNIFORM SIZE 6- 16 SMALL, MED, LARGE, XL, XXL. _____

I authorise Allsports to send me SMS messages containing details of any time changes, centre updates and promotions (tick the box if you wish to receive SMS messages, leave it blank if you do not wish to receive SMS messages)

I, hereby declare that I am in good health and do not suffer from any ailment, disability or condition which will affect my ability or prevent me from taking part in any of the sporting activities and competitions organised by "ALLSPORTS INDOOR NARELLAN".

NOTE: Persons participating who are under the age of 17 years must have this form signed by their parent or legal guardian on behalf of the above nominated player.

PLAYER
PRINT NAME : _____

SIGNED: _____

DATE : _____

PARENT / LEGAL GUARDIAN
PRINT NAME : _____

SIGNED: _____

DATE : _____

OFFICE USE ONLY:		
AMOUNT PAID \$	RENEWAL DATE:	STAFF:
CENTRE:		