

RECEIPT No \_\_\_\_\_  
FFA No \_\_\_\_\_

**SUTHERLANDS PARK SOCCER CLUB**  
**2011 PLAYER APPLICATION FORM**

PAID in FULL \$ \_\_\_\_\_



**CLUB FEES TO BE PAID IN FULL, UPON APPLICATION**

NAME \_\_\_\_\_ MALE  / FEMALE

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

PLAYER MEDICAL CONDITION/S \_\_\_\_\_

PLAYER signature \_\_\_\_\_ DATE \_\_\_/\_\_\_/2011

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

Email (PLEASE "PRINT" CLEARLY) \_\_\_\_\_ @ \_\_\_\_\_

COMPULSORY PARENT POSITIONS

- COMMITTEE  REFEREE  COACH  TEAM MANAGER  CANTEEN   
FUNDRAISING  UNIFORMS  PITCH MARKING  SUNDAY/GROUND OFFICIAL

**ALL FAMILIES MUST COMMIT TO HELP, IN THE RUNNING OF THE CLUB (eg. Committee Position, Coach, Canteen, Team Manager, Pitch Marking etc). FAILURE TO DO SO MAY RESULT IN YOUR CLUB MEMBERSHIP BEING SUSPENDED AND/OR CANCELLED AND CLUB FEES BEING SURRENDERED.**

*SUTHERLANDS PARK SOCCER CLUB RESERVES THE RIGHT TO REFUSE OR CANCEL AT ANYTIME, THIS APPLICATION/MEMBERSHIP.*

**ALL PLAYERS AND PARENTS MUST FOLLOW THE CLUB, CODE OF CONDUCT.**

I have received and read the Club Code of Conduct and the information above and understand the conditions of this application.

PARENT/GUARDIAN \_\_\_\_\_ signature \_\_\_\_\_ DATE \_\_\_/\_\_\_/2011

TEAM/COACH \_\_\_\_\_