

# Stirling Districts Soccer Club

## 2010 JUNIOR REGISTRATION OF MEMBERSHIP

PLAYERS NAME ..... DOB: .....

Parent/Caregiver Name: .....

EMAIL: .....

Parent/Caregiver Name: .....

EMAIL: .....

Any team or coach preferences or other information (NB: team allocation procedure is specified below): .....

.....

Please circle the age group you would like your child to play in:

Boys Age Groups: U8 U9 U10 U11 U12 U13 U14 U16

Girls Age Groups: U11G/U12G U14G U17G

NB: U8, U9, U10 and U11G operate with modified rules

### PARENTAL CONSENT

I, ....., Parent/Guardian of .....

consent to him/her playing soccer for STIRLING DISTRICT SOCCER CLUB INC.

I agree to abide by the Club rules & Junior sports codes of conduct and understand the allocation procedure.

I consent to him/her being transported to and from matches by private vehicle.

I understand that my son/daughter will not be insured by the club in any form and that such insurance is my responsibility.

I understand that should my son/daughter be in need of ambulance services, I am responsible for all costs.

I understand I am expected to contribute to the Club by assisting in canteen duty or by coaching or managing a team or volunteering for a subcommittee.

I have received these consent requirements and the allocation procedure as a copy to keep.

**I understand that registration fees must be paid by 17 APRIL 2010 or my child may be suspended from playing until fees are received** unless alternative arrangements have been made.

SIGNED .....

DATE .....