Football Queensland Ltd

Re-Registration of Amateur Players

FFA REGISTRATION NUMBER

Please PRINT using black or blue ball point pen. **PLEASE COMPLETE ALL SECTIONS.**

PLAYER DETAILS

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof

First name

Middle name

Last name

Date of birth / /

Gender ☐ Male ☐ Female

If you have a disability please specify ☐ Physical ☐ Intellectual ☐ Sensory

State disability

REGISTRATION DETAILS

Name of Club

Previous Club

FEES *(club to provide breakdown of fees)*

Total fee payable $

Total amount paid $

Method of payment ☐ Cash ☐ Cheque ☐ Credit Card ☐ Money Order

SIGNING

☐ *I do NOT want to receive special offers from Football Administrators partners*

The Club and the Player as listed above apply to Football Federation Australia Ltd to register the Player with that Club as an Amateur Player. By signing this registration form I, as a player or parent/legal guardian, confirm that:

1. I have viewed the Insurance provided by Football Qld and accept that it is my responsibility to satisty myself as to the adequacy of the sports injury insurance arrangement. If I am unable to satisfy myself that adequate sports injury insurance has been arranged for me/my child, then it is my obligation as a player / parent or legal guardian of the player, to arrange additional insurance cover to meet our requirements. I acknowledge that, in the event that it is arranged, the sports injury insurance cover shall be as is set out in the Player Insurance Benefits Table.
2. as a player (or if the player is under 18 years of age at the time of signing this form, that player's parent or legal guardian) agrees to comply with the terms (details of which are available from the registrar) and its incorporated documents, including the FFA Statutes and Spectator Code of Behaviour.

(Signature of Player or Parent/Legal Guardian) *(Date)* / /

ORIGINAL – FOOTBALL QUEENSLAND COPY – COMPETITION ADMINISTRATOR

PLEASE COMPLETE FOR CHANGE IN DETAILS ONLY

Street/Mailing address

Suburb

State Post code

Player contact phone/email *(please provide at least one phone number)*

(hm) *(wk)*

(mobile)

(email)

Emergency contact

(name)

(home)

(mobile)

PARENT DETAILS *(to be completed if player is under the age of 18 years)*

Parent/legal guardian

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Prof

First name

Last name

Gender ☐ Male ☐ Female

Contact phone/email *(please provide at least one phone number)*

(hm) *(wk)*

(mobile)

(primary email)

(secondary email)

CHANGES ONLY

By signing this form, the Club warrants that it has confirmed the Player's name and Identity.

(Name of Club Representative) *(Signature of Club Representative)*

(Position of Club Representative) *(Date)* / /

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED: / /	ENTERED BY:

FOR FOOTBALL QUEENSLAND OFFICIAL USE ONLY

DATE RECEIVED: / /	ENTERED BY:

HYUNDAI

Football Queensland & Hyundai Loyalty Bonus Program

Hyundai have long been valuable partners to the sport of football in Australia and around the world. Now as a major partner of Football Queensland and the Hyundai QSL, Hyundai have extended their valued support through the state level to community football here in Queensland.

Hyundai have agreed to partner Football Queensland with a loyalty program again in 2010 and details of the new program will be announced on our website in March.

www.footballqueensland.com.au

REBEL SPORT

Football Queensland & Rebel Sport MVP Program

Football Queensland have combined with Rebel Sport to offer the MVP program to the Football family in Queensland. To receive a discount on your next purchase at your local Rebel Sport store, all you need to do is mention your club and Football Queensland.

Additionally, the partnership allows us to offer one off "Special Days", details of which will be advertised on our website www.footballqueensland.com.au