

club.

Club Official:

2019 team /age group:

## ST PAULS UNITING SPORTING CLUB INC

a founding member of the QUEENSLAND CHRISTIAN SOCCER ASSOCIATION

## RESPECT. INTEGRITY. COMMUNITY.

**Since 1969** 

## 2020 SOCCER REGISTRATION FORM for LITTLE SAINTS

PRIVACY STATEMENT: The Club and the QCSA requires the provision of personal information eg. name, contact details and birth date. This information is required for registration and membership purposes with St Pauls and the QCSA Inc. Full names may be used on the Club and QCSA websites, Facebook pages and newsletters where appropriate or necessary, eg. Player of the Year. The Club and QCSA WILL NOT make any identifying information available to any other parties without consent UNLESS required in the ordinary operation of the Club and QCSA Inc. eg. compliance with the Constitution, Rules and By-Laws, insurance, or other lawful purposes outlined in Information Privacy Principle #10 (Qld).

	R DETAILS	(1 10000 )	orint clearly)						
GIVEN	NAMES		SURNAME					Male / Female	
DATE (	OF BIRTH		Age as at		31/12/19 NUMBER OF TE		NUMBER OF TERMS:	ERMS:	
PAREN	T/GUARDIA	IN DETAILS							
		IANS NAME:	1.				2.		
RESIDE ADDRE	SS				SUBURB			POSTCODE	
POSTAL ADDRESS (if different to above)				SUBURB		P	OSTCODE		
PHONE	E (H)		1. (M)	2. (M)			2. (M)		
EMAIL					Or				
		Pleas	se note that email is	s the primary form of	communic	ation from	the Club.		
Do you	have a curre	ent Qld Blue Card	? (in relation to work	ing with children)	1. Y	ES / NO		2. YES / N	
Do you have a First Aid Certificate?					1. Y	ES / NO		2. YES / N	
			it is expected that a		of players	will assist	with canteen duty du	ring the season	
TEAM	I COACH	TEAM MANAGER	ASSIST AT TRAINING	FUNDRAISING	FIE MAINTE		WEBSITE MAINTENANCE	EVENT ORGANISIN	
1.	Are you a n	ew family to the C	QCSA? YES / NO	If no, what was you	r previous o	club?			
2.	How did yo	u hear about St P	auls Uniting Soccer	Club? Family / Friend	Facebook	/ Website /	Signage / Other		
3.				am as a friend/family mests where possible but no		an be made)			
4.	•	•	·	ey confident with conve	•	•	S / NO		
5.	Please list a	any pre-existing m	nedical condition you	ır child has that you be	ieve may b	e relevant to	participating in sport o	r club activities	
ARENT	/GUARDIAN	DECLARATION							
•	I agree to a  1. T  2. T  3. T  I am aware I acknowled Conduct an I agree to p	bide by the follow the Rules & By La the Laws of the G the Standards out that the Associating that my child, d Behaviour (ava ay the applicable	ring to which the QC was of the Queenslar ame (LOTG) of Socilined in the Active A ion holds an insuran myself and any other ilable at <a href="https://www.stpaulclub.registration.com/">www.stpaulclub.registration fee</a>	ssoccer.org.au). s upon registering my	are available sociation In FA; and aviour". available at y child will schild.	e at http://ww c. t http://www. abide by the	ww.qcsa.org.au).		

I hereby certify that I have sighted proof of age of the above player, or that the player has previously been registered as a member of this

ID Type Provided:

2020 Age / Division (Preferred):